

Client Intake Information Form

Tom Cloyd MS MA LMHC, Counselor and Psychotherapist

Bellingham, Washington, USA - (360) 920-1226 - email: tc@tomcloyd.com

About this form: If you can respond in writing to the questions below, it will help us get a quick start when we meet. If any question is difficult for you, or doesn't make sense to you, just skip it. We can discuss such items in our meeting.

Please give brief, but complete answers, as much as you can. I ask for some detailed information here, but only because long experience has taught me that this is necessary. Your mind and brain is complex, and many issues must be addressed if you are to be given the best care possible.

If you are handwriting your responses, and you need more room to respond to an item, feel free to continue your response on the back of the form or on a separate piece of paper.

If you are responding to this form on your computer, by typing responses into the form, you'll have all the space you need simply by pressing your RETURN or ENTER key. In tables, try the TAB key, if ENTER or RETURN doesn't work.

Unless I have asked you to mail the form to me, you can simply bring it with you to our meeting.

About confidentiality: As with all your communications with me, know that the information you give me here is fully covered by federal and state laws and professional ethics concerning confidentiality of personal health information.

[1] Identification

- Full Name:
- Birth date:
- Social Security number (if insurance or agency billing is to occur):
- Address of Residence (number & street, Town, ZIP code):

- Day telephone:
- Evening telephone:
- Mobile phone:
- E-mail address (if any):

[2] Counseling/Psychotherapy goals

- In simple words, tell me what you'd like counseling and/or psychotherapy to do for you:
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• Again, in simple words, what do you see to be the main problems in your life, at this time? For each problem that you give, please put in parentheses what you think is the cause of the problem – if you can.

• **Outpatient Mental Health Treatment** – if you have had outpatient (outside of a hospital) counseling or psychotherapy before, please tell me:

When (date or your age)	for how long (no. of sessions; or weeks, months, or years)	for what reason

• **Inpatient Psychiatric Treatment** – if you have had mental health treatment in a hospital, please tell me:

When (date or your age)	for how long (no. of sessions; or weeks, months, or years)	for what reason

• **Alcohol/drug Treatment** – if you have had this kind of treatment please tell me when, for how long, in what setting (outpatient, residential) and for what substance:

When (date or your age)	for how long (no. of sessions; or weeks, months, or years)	for what reason

[3] Substance use/abuse

Please indicate below **substances or behavior** that you have used which you (or others) believe have gotten you into difficulty at any time in your life, in the areas of work, school, friends, family, your health, or your opinion of yourself:

- **Legal substances** which you have ever used – with serious negative consequences:
 Alcohol Caffeine Tobacco Food Gambling Shopping, credit overuse
 Other
- **“Controlled” or illegal substances** which you have ever used – with serious negative consequences:
 Marijuana Methamphetamines Crack Hallucinogenics (LSD, mushrooms, etc.)
 Other street drugs Over-the-counter drugs Prescription drugs
- **Behaviors** in which you have ever engaged – with serious negative consequences:
 Exercise Work Sex Shopping or use of Credit Gambling
 Other (please be specific)

[4] Injurious behaviors

- If you have ever thought, planned, or attempted self-harm or suicide, please tell me, for each incident –

Date, or your age	Did you (a) <i>think</i> about it, (b) <i>plan</i> it, or (c) <i>attempt</i> it...?	If this was an <i>attempt</i> , what did you do, and what happened as a result?	What led you to this (briefly)?

- If you have ever planned or attempted to harm some other person, please tell me, for each incident –

Date, or your age	Did you (a) <i>think</i> about it, (b) <i>plan</i> it, or (c) <i>attempt</i> it...?	If this was an <i>attempt</i> , what did you do, and what happened as a result?	What led you to this (briefly)?

[5] Present Mental State

This is a brief little survey of various problems people sometimes have. Please check all conditions that you think are a problem in your life at this time:

- short term memory loss long term memory loss racing thoughts
- difficult concentrating obsessive (repetitive) thoughts chronic fatigue
- trouble getting to sleep trouble staying asleep nightmares waking up tired
- waking up in a bad mood hearing or seeing things other people do not see or hear
- anxiety shyness nervousness excessive fear excessive sadness
- excessive guilt excessive anger excessive shame low self esteem
- depression difficulty making decisions difficulty understanding problems
- any condition[s] you want to mention:

[6] Personal history, current status

- Place of birth:
- What are the principal places in which you grew up (countries, states)? (Please indicate what age you were, in each place.)

- Approximate age of your mother and father at the time of your birth:

- Your ethnic origins (if known):

- Composition of birth family – sex and present age of all children your mother and father had together – list yourself as well, so your place in the order of birth is apparent:

- Principal occupation(s) of your father:

- What is the most important thing you remember about your father, or the most important thing about him that you think I should know:

- Principal occupation(s) of your mother:

- What is the most important thing you remember about your mother, or the most important thing about her that you think I should know:

- Who do you live with at present:

- Marriages or long term intimate relationships: please give your age, and the approximate age of the other person for each important relationship you list:

- Children: please give the sex and present age of any children you have. If any have deceased, please give their age, and your age, at time of death. Please also include miscarriages or abortions.

[7] Physical development

- Your mother's pregnancy with you:
 - Did it go [] full-term, or were you [] premature (and if so, by how much)?
 - Did she use alcohol, drugs (of any kind), or tobacco during the pregnancy?
 - Was your birth unusually long, or traumatic (to the best of your knowledge)?
- During your ages birth-to-six: Did you experience any unusual physical or medical events?
- Your ages six-to-18: Did you experience any unusual physical or medical events?
- Head trauma: Have you ever had a concussion or other head trauma, including loss of consciousness due to alcohol or drugs? Please give your age for each event, and the cause of the trauma:

[8] Medical History

- Please list major surgeries and medical illness which you have had in your personal history, and your age at the time:
- For what, if anything, are you presently being medically treated?
- Please name the medications you presently take, how much you take, and when you take it:

[9] Work and education history

- How much education do you have?
- Was there anything out of the ordinary (location, duration, circumstances, etc.) about your schooling that I should know about?

- At what age did you begin working?
- What has been your principal occupations, including your present one, and for how long?

[10] Justice System Involvement

Please list any arrests, charges, convictions, and time served (give your age for each event):

[11] Stress Coping

We all experience stress—an internal condition in which we have bad feelings that are excessive. We also all have ways of dealing with stress. Please briefly describe what you tend to do at present to manage yourself during times of high stress:

[12] Personal Resources

Everyone has personality or mental qualities which work reasonably well for them, regardless of what else may be going on in their life. Think for a moment about what you do best, or perhaps about what other people or you yourself like best about you. These strengths, or “personal resources” can be very useful to us in counseling and psychotherapy. Please name the ones you have which come most easily to your mind:

Thank you for your attention to these questions, and for your thoughtful answers. At our next meeting I will review all this information, and ask questions if I need to know more.

Tom Cloyd, MS, MA

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