COUNSELING SERVICES INC

1605 John Street, Fort Lee, NJ 07024

Intake Form (confidential)

Date

E-mail Address

Patient's Name

Date of Birth

Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

Social Security #

Driver's License #

State

Occupation

Employer

Salary

Number of Years

Previous Occupation

Dates

Education

Career Aspirations

Ethnicity

Insurance Carrier / Address

Phone #

Marital Status

Number of Years Married

Divorce / Separation Date

Number of Children

Name(s) and Age(s) of Children

Nearest Relative

Contact Phone Numbers

Parents Names

Ages

Parents Occupations

Number of Siblings

Names & Ages

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Family History; Illnesses, Deaths and Challenges

Birthplace | Present Religious Affiliation | Previous Religious Affiliation

Have you ever had a serious illness? | When?

Have you ever been hospitalized? | When?

If so, where?

Have you ever had any psychological therapy? | Dates

Doctor / Therapist 1 | Address

Doctor / Therapist 2 | Address

Primary Physician | Address | Phone #

Date of last physical | Poor Good Fair (circle one) Present Health Condition | Referred By | Why?

List all current medications:

Name of Medication	Dosage	Frequency	Prescribing Physician

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Do any of the following below apply to you? (please check boxes)

☐ Agitation ☐ Alcoholism; describe your drinking habits: _____

☐ Anxiety Attacks: When? _____ How Often? _____ ☐ Dizziness ☐ Fainting Spells

☐ Depression: When? _____ How Often? _____ ☐ Headaches: When? _____

☐ Financial Problems ☐ Food Issues ☐ Heart Palpitations ☐ Impotence (sexual) ☐ Insomnia

☐ Nervousness ☐ Overambitious ☐ Physical Weakness ☐ Sexual Problems ☐ Suicidal Thoughts

☐ Tremors ☐ Vomiting ☐ Other Symptoms: _____

Describe your:

_____
Home Conditions

_____
Current Job Situation

_____
Social Life

_____
Family Relations

_____
Other

Purpose for seeking therapy:

_____

_____

_____

_____ _____
Patient's Signature (parent or guardian signature if patient is a child) Date

_____ _____
Clinician's Signature Date

"Talking is healing and healing takes time..."