

**Destin Counseling Services, INC**  
3209 W. Smith Valley Road, Suite 254  
Greenwood, Indiana 46142  
(317) 884-5012 (phone)

**Intake Form**

Please take a moment to fill out the following personal information, as it is helpful in better understanding some of your past and present experiences and challenges. **If you are participating in couple's work, I will need each partner to complete a separate form.**

**Today's Date:** \_\_\_\_\_

**Name** \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number (Home)** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
(Name) (Phone Number)

**Ethnicity:** \_\_\_\_\_ **Education:** \_\_\_\_\_  
(Highest Level)

**Occupation** \_\_\_\_\_ **Military? Y/N** \_\_\_\_\_  
(Branch)

**Have you participated in counseling or coaching in the past? Y/N** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

**Therapist/Dr.** \_\_\_\_\_ **What was the diagnosis?** \_\_\_\_\_  
(Name)

**Are you currently taking any prescription medication? Y/N What?** \_\_\_\_\_

**What are your current life stresses?** \_\_\_\_\_

Please circle any of the following issues that currently pertain to you:

Depression	Suicidal Thoughts	Career/Work	Self-Control
Anxiety	Eating Disorders	Health	Cutting
Fear/Phobia	Abuse	Relationships	Family Issues
Grief/Loss	Sexual Identity	Drugs/Alcohol	Male Identity
Stress	Anger	Sleep/Insomnia	Divorce
Sexual Problems	Learning Disability	Other:	

**What life challenges bring you to seek help at this time?** \_\_\_\_\_

\_\_\_\_\_

**What do you hope to get out of therapy or coaching?** \_\_\_\_\_

**Are you currently experiencing, or have you ever experienced, any of the following:**

	<u>Currently</u>	<u>Past</u>
Extremely depressed mood	Y/N	Y/N
Wild Mood Swings	Y/N	Y/N
Extreme Anxiety	Y/N	Y/N
Panic Attacks	Y/N	Y/N
Difficulty Concentrating	Y/N	Y/N
Difficulty Sleeping	Y/N	Y/N
Hallucinations	Y/N	Y/N
Frequent Body Aches	Y/N	Y/N
Body Image Problems	Y/N	Y/N
Repetitive or Obsessive Thoughts	Y/N	Y/N
Repetitive Behaviors	Y/N	Y/N
Suicide Attempt	Y/N	Y/N

**Current Relationship**

**Partner's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**How long have you been together?** \_\_\_\_\_ **Are you married? Y/N How long?** \_\_\_\_\_

**Do you have children?\*** Y/N      **Names**      **Age**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Please note any others living in the home:* \_\_\_\_\_

How would you say your relationship has been? \_\_\_\_\_

\_\_\_\_\_

What would you say are the current challenges in your relationship? \_\_\_\_\_

\_\_\_\_\_

Who is a part of your support network? \_\_\_\_\_

\_\_\_\_\_

### Childhood

How would you describe your overall childhood experience? \_\_\_\_\_

\_\_\_\_\_

What kind of relationship did you witness your parents having while growing up?

(Supportive, communicative, argumentative, tense, violent, distant) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your parent(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your sibling(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any significant developmental events that occurred for you as a child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever experienced any type of abuse (physical, sexual, emotional)? \_\_\_\_\_

\_\_\_\_\_

Has alcohol or substance use/abuse been a problem? Y/N What substances/when?

\_\_\_\_\_

Have you ever been treated? Y/N When? \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_

Do you have any problematic sleep behavior? Y/N Describe \_\_\_\_\_

\_\_\_\_\_

**Do you have any religious affiliation? Y/N**      **Describe** \_\_\_\_\_

**Do you have any current legal problems? Y/N**      **Describe** \_\_\_\_\_

---

**How were you referred to Destin Counseling Services?**

- Family/Friend
- Healthcare Professional
- Internet Search
  - Psychology Today
  - Destin Website
  - Other \_\_\_\_\_
- Other \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_