



## INTAKE INFORMATION

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Age: \_\_\_\_\_ Sagemont member? Yes No If so, how long? \_\_\_\_\_

Who referred you to us for counseling?

\_\_\_\_\_

Marital Status:      Never Married      Single      Married      Separated  
                                 Divorced              Widowed              Living Together

If married, how long? \_\_\_\_\_ Spouse: \_\_\_\_\_

If applicable, please rate the extent of your current marital satisfaction on a scale of 1 to 10:

(Low)    1    2    3    4    5    6    7    8    9    10    (High)

If divorced, separated, or widowed, when?

\_\_\_\_\_

If you've previously been married, how many times?

\_\_\_\_\_

If divorced, how would you describe your relationship with your ex-spouse?

\_\_\_\_\_

\_\_\_\_\_

What is the current custody situation with the children?

\_\_\_\_\_

\_\_\_\_\_

Please list all of your children (and step-children) and indicate whether they live with you at home:

<u>Name</u>	<u>Age</u>	<u>Home?</u>	<u>Name</u>	<u>Age</u>	<u>Home?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How would you describe the relationship with your children?

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What is your level of education?

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What is your occupation?

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What is your current employment situation?

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Why are you seeking help at this time?

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How long have you been dealing with this issue?

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How is this impacting your life?

At home?

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At work?

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In other ways?

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Have you been in counseling before?    Yes    No  
If so, when?

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With whom?

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For how long?

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Why did the counseling end?

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Were you satisfied with the results?

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What is your goal for this counseling? What do you hope it will accomplish?

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Please complete this thought: ***My counseling will be successful if I...***

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Do you consume alcohol?    Yes    No  
If you do, how much and how often?

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Do you ever become intoxicated?    Yes    No

Have you ever used illicit drugs?    Yes    No  
If yes, what, when and for how long?

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If you use prescription or over the counter medication, have you ever used more than the prescribed amount?    Yes    No

Have you ever had a problem with drug or alcohol abuse?    Yes    No  
If yes (include prescription drugs), please describe:

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Have you had any previous treatment for alcohol/drug use?  
Yes    No        If you have, please describe:

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Do any members of your family have a history of drug and/or alcohol abuse?  
Yes    No    Not sure

If yes, please explain:

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Do you have a family history of depression or any other emotional problems?  
Yes    No    Not sure

If so, please describe and indicate how the problem was addressed:

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**Have you ever experienced any kind of physical, sexual and/or emotional abuse?    Yes    No    Not sure**

If so, what type of abuse have you experienced?

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When did/does it occur?

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Has the abuse ever been disclosed and/or reported?    Yes    No  
If it has been, how?

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What type of legal action, if any, was taken regarding the abuse?

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How does the abuse affect you presently?

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Have you ever thought about suicide?    Yes    No  
If you have, when?

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Why? \_\_\_\_\_

Did you take any steps to harm yourself?    Yes    No  
If so, what did you do?

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Did you receive any treatment?    Yes    No

Have you ever been hospitalized for any emotional reasons?    Yes    No

If you have received psychiatric treatment, please describe:

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Please note any pertinent medical history:

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Have you been under the care of a psychiatrist?    Yes    No

If you are currently on any medications, please complete below:

<u>Medication</u>	<u>Dosage</u>	<u>Purpose</u>	<u>Physician</u>
_____			
_____			
_____			
_____			
_____			

Do you consider yourself to be a Christian?    Yes    No    Not sure

If you do, please briefly describe your salvation experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you belong to a church?    Yes    No

If your membership is with a church other than Sagemont, which one do you belong to?

\_\_\_\_\_

How often would you say you attend church in a typical month?

- |                                 |                             |
|---------------------------------|-----------------------------|
| _____ I usually don't attend    | _____ 1 – 2 times per month |
| _____ 3 – 4 times per month     | _____ 5 – 6 times per month |
| _____ 7 or more times per month |                             |