

**PENEWIT CENTER**  
**700 N. E. Loop 820 Suite 200 B**  
**Hurst, Texas 76053**

The information below will allow us to understand you and your reasons for requesting counsel more effectively, enabling us to better help you. Please fill out as completely as possible. All information is held in the strictest confidence and cannot be divulged to anyone without your written permission.

**CLIENT INTAKE FORM**

Client's Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) (work) \_\_\_\_\_ Best time to call \_\_\_\_\_

If minor, Parent/Guardian's name(s) \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

Spouse's name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

List all children, and whether they live at home with you.

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Do they live with you? \_\_\_\_\_

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Who is coming for counseling? \_\_\_\_\_ Any prior counseling? \_\_\_ Yes \_\_\_ No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_ With whom? \_\_\_\_\_

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

Are you, or another family member currently seeing a psychiatrist or counselor? \_\_\_ Yes \_\_\_ No

If so, which family member(s)? \_\_\_\_\_

Name of counselor: \_\_\_\_\_ For what purpose? \_\_\_\_\_

Who referred you to us? (name, relationship, and phone number)

\_\_\_\_\_

If a professional referred you to us, may we send them a thank-you, noting your contact? \_\_\_\_\_

If yes, we will only send a thank-you. Any other contact requires your written permission.

Person to contact in emergency (name, relationship, phone, address)

\_\_\_\_\_

State the nature of the problem in your own words \_\_\_\_\_

What is your most difficult relationship right now? \_\_\_\_\_

What is your most difficult emotion right now? \_\_\_\_\_

CRISIS INFORMATION: Any current suicidal thoughts, feeling, or actions?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Any current homicidal or assaultive thoughts, or feelings, or anger-control problems?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Any past problems, hospitalizations, or jailing for suicidal or assaultive behavior?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Any current threats of significant loss or harm (illness, divorce, custody, job loss, etc.)?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

MEDICAL INFORMATION: Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Are you presently taking any medication? \_\_\_ Yes \_\_\_ No If so, what? \_\_\_\_\_

\_\_\_\_\_

Any problems with eating \_\_\_ sleeping \_\_\_ chronic pain \_\_\_ recent weight changes \_\_\_\_\_

Describe any answers checked above: \_\_\_\_\_

Any other medical problems? \_\_\_\_\_

Have you or a family member ever been hospitalized for mental or emotional illness?

\_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

Common problem/symptom rating. 0=none, 1=mild, 2=moderate, 3=severe

\_\_\_ marriage \_\_\_ divorce/separation \_\_\_ premarital \_\_\_ child custody \_\_\_ God/faith

\_\_\_ singleness \_\_\_ disability \_\_\_ grief/loss \_\_\_ Past hurts \_\_\_ alcohol/drugs \_\_\_ other addictions

\_\_\_ church/ministry \_\_\_ sexual issues \_\_\_ work/career \_\_\_ depression \_\_\_ codependency

\_\_\_ family \_\_\_ school/learning \_\_\_ fear/anxiety \_\_\_ intimacy \_\_\_ children \_\_\_ money/budgeting

\_\_\_ anger/control \_\_\_ communication \_\_\_ parents \_\_\_ aging/dependency \_\_\_ loneliness

\_\_\_ self-esteem \_\_\_ in-laws \_\_\_ weight control \_\_\_ mood swings \_\_\_ stress management

Other (specify): \_\_\_\_\_

**DEMOGRAPHIC DATA**

Place of Birth \_\_\_\_\_ Religious Background \_\_\_\_\_

Nationality \_\_\_\_\_ Place of Employment \_\_\_\_\_

**FAMILY BACKGROUND**

Was your PARENTAL HOME EVER BROKEN BY:

Death \_\_\_ Your age at the time? \_\_\_\_\_ How did you feel? \_\_\_\_\_

Divorce \_\_\_ Your age then? \_\_\_\_\_ How did you feel? \_\_\_\_\_

Separation \_\_\_ Your age then? \_\_\_\_\_ How did you feel? \_\_\_\_\_

Desertion \_\_\_ Your age then? \_\_\_\_\_ How did you feel? \_\_\_\_\_

Which parent in the above was lost from the home? \_\_\_\_\_

Did you mother or father remarry? \_\_\_\_\_ Your age then? \_\_\_\_\_

How did you feel about your stepparent? \_\_\_\_\_

Did you have good or bad relationship with your:

Father \_\_\_\_\_ Explain: \_\_\_\_\_

Mother \_\_\_\_\_ Explain: \_\_\_\_\_

Brothers or Sisters \_\_\_\_\_ Explain \_\_\_\_\_

Did your family change residences? \_\_\_\_\_ How frequently? \_\_\_\_\_

How many schools did you attend? \_\_\_\_\_ Explain: \_\_\_\_\_

Was yours a closely-knit family? \_\_\_\_\_ Is it close now? \_\_\_\_\_

**MARITAL BACKGROUND:** Describe your relationship with your spouse

\_\_\_\_\_

**BIRTH ORDER**

What is your placement in the family? (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12 of how many? \_\_\_\_\_

Are you adopted? \_\_\_ Any adopted siblings? \_\_\_\_\_

If yes, what are their ages and how many are there? \_\_\_\_\_

If a twin, are you identical? \_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you ever been in the military service? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Were you in combat? \_\_\_\_\_ If so, where? \_\_\_\_\_

Any military honors or medals? \_\_\_\_\_ Type of discharge? \_\_\_\_\_

### **EDUCATION**

What is the highest grade you completed in school and in what year? \_\_\_\_\_

What is the highest degree you have received? \_\_\_\_\_

What was your major? \_\_\_\_\_ Minor? \_\_\_\_\_

### **OCCUPATION**

Your occupation: \_\_\_\_\_

Your employer: \_\_\_\_\_ How long? \_\_\_\_\_

Employer's address: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

If you could do anything you wanted for employment, what would you be? \_\_\_\_\_

Spouse's occupation: \_\_\_\_\_ Spouse's work phone: \_\_\_\_\_

### **PERSONAL INFORMATION**

Presently I believe my spiritual condition is: (Check one)

Poor  Fair  Average  Good  Excellent

Presently I believe my physical condition is: (Circle one)

Poor  Fair  Average  Good  Excellent

Presently I believe my emotional condition is: (Circle one)

Poor  Fair  Average  Good  Excellent

Check the items that best describe or relate to the reason you need to receive counseling:

Bereavement  Religious doubts  Depression  Marriage problems

Relationship with parents  Relationship with children  Hatred  Bitterness

Relationship with others  Anxiety  Sexual concerns  Loss of faith in God

Nervousness  Adultery  Loss of self-confidence  Fear  Impotency

Mistrust of others  Self-doubt  Frigidity  Hopelessness  Guilt

Homosexuality  Loss of purpose  Suicidal  Anger with God  Loss of feelings

Loneliness  Loss of love  Loss of self-respect

If a female, have you had any discontinued pregnancies? \_\_\_\_

Have you ever been arrested for other than a traffic violation? \_\_\_\_

How old were you when you left your parental home? \_\_\_\_

Have you ever been institutionalized for any problem? \_\_\_\_

**Symptoms or conditions you have had or are now experiencing:**

**CONDITIONS... PAST (1) Present (2)**

\_\_\_\_ Mood highs or lows \_\_\_\_ Weight loss/gain \_\_\_\_ Appetite change \_\_\_\_ Drug usage

\_\_\_\_ Cigarette usage \_\_\_\_ Tobacco usage \_\_\_\_ Irritability \_\_\_\_ Excessive stress \_\_\_\_ Crying spells

\_\_\_\_ Phobias or fears \_\_\_\_ Hallucinations \_\_\_\_ Confusion \_\_\_\_ Low self-esteem \_\_\_\_ Compulsion

\_\_\_\_ Depression \_\_\_\_ Extreme nervousness \_\_\_\_ Lack of motivation \_\_\_\_ Excessive drinking

\_\_\_\_ Indecisiveness \_\_\_\_ Loss of memory \_\_\_\_ Fantasizing

**PRESENT CONDITIONS... PAST (1) Present (2)**

\_\_\_\_ Insomnia \_\_\_\_ Excessive worries \_\_\_\_ Difficulty concentrating \_\_\_\_ Hearing voices

\_\_\_\_ Frequent loss of temper \_\_\_\_ Acting out violence \_\_\_\_ Frequent employment changes

\_\_\_\_ Frequent residence changes \_\_\_\_ Bed-wetting past age 6 \_\_\_\_ Fire setting past age 6

\_\_\_\_ Blaming others frequently \_\_\_\_ Lack of sexuality awareness \_\_\_\_ Gender Confusion

\_\_\_\_ Spiritual confusion \_\_\_\_ Suicidal Thoughts \_\_\_\_ Difficulty reading \_\_\_\_ Difficulty with math

\_\_\_\_ Inability to express self \_\_\_\_ Involvement with the occult \_\_\_\_ Personal sexual abuse

\_\_\_\_ Physical abuse of children \_\_\_\_ Physical abuse of others

**BACKGROUND INFORMATION**

How long has it been since you had a complete physical examination? \_\_\_\_\_

What physical disorder do you have, if any? \_\_\_\_\_

How many schools did you attend prior to any college? \_\_\_\_\_

Do you take vitamins? \_\_\_\_ Which ones? \_\_\_\_\_

Your favorite food? \_\_\_\_\_ Your favorite dessert? \_\_\_\_\_

How often do you eat it? \_\_\_\_\_ Do you snack often? \_\_\_\_ On what? \_\_\_\_\_

Do you use alcoholic beverages? \_\_\_\_ None \_\_\_\_ Some \_\_\_\_ Moderately Often \_\_\_\_ Every day

Is there a family history of alcoholism? \_\_\_\_\_

Do you drink coffee? \_\_\_\_ Decaffeinated \_\_\_\_ Regular \_\_\_\_ Cups per day

Do you use tobacco regularly? \_\_\_ No \_\_\_ Some \_\_\_ Moderately \_\_\_ Heavy

Describe yourself in a few sentences: \_\_\_\_\_

Are you a Christian? \_\_\_ Yes \_\_\_ No \_\_\_ Not sure

What church do you now attend, if any? \_\_\_\_\_

How often do you attend? \_\_\_ Regularly \_\_\_ Frequent \_\_\_ Occasional

What are your two favorite colors? \_\_\_\_\_

Have you ever thought of committing suicide? \_\_\_

If yes, explain: \_\_\_\_\_

Have you ever attempted suicide? \_\_\_ When? \_\_\_\_\_

Do you ever think that perhaps you're *going crazy*? If, yes, explain: \_\_\_\_\_

Do you ever simply want to run away? If yes, explain: \_\_\_\_\_

Do you look forward to the future? \_\_\_

How do you feel about the past? \_\_\_ Good \_\_\_ OK \_\_\_ Guilty \_\_\_ Bitter \_\_\_ Angry  
\_\_\_ Confused \_\_\_ Wish you could change it.

What time period do you think about the most? \_\_\_ Past \_\_\_ Present \_\_\_ Future

Is there a family history of physical or emotional abuse? \_\_\_ If yes, please explain: \_\_\_\_\_

Were you ever sexually abused or molested? \_\_\_\_\_

Do you believe "*your only problem*" is the behavior of someone else? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

In your own words, complete this sentence: Sex is \_\_\_\_\_

Are vitamins and minerals important? \_\_\_ Why? \_\_\_\_\_

So that we may understand your problems fully, please state in your own why you chose a Christian mental health professional. \_\_\_\_\_

You are responsible for any decisions you make regarding your life.

Signed: \_\_\_\_\_ Today's Date \_\_\_\_\_