Jacksonville Counseling Services, LLC
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Client Intake Form

The information requested in this form will be kept confidential and will help your therapist assist you. Please fill out this form as completely as you can.

Name(s): ____ Date: ________________

Address________________________________ City/Zip: ______________________

Main Contact Phone: ______________________ Additional Phone: _________________

Email Address: ___________________________ Date of Birth: ____________________

Occupation: ____

Marital Status: ________________________ Name of Partner/Spouse: _______________

Children/Spouse's Children (name and ages): ___________________________________

____

Referred by: ____

Contact Person in Case of Emergency: ____

Emergency Contact Phone Number: ____

Primary Care Physician: ____

Current Medications: ____

Have you (check all that apply): If yes please explain:

___ Seen a counselor/therapist/psychiatrist ___________________________________

___ Been on medication for emotional reasons ___________________________________

___ Been hospitalized for psychiatric reasons ___________________________________

___ Been treated for drug/alcohol problems ___________________________________

Problem Definition:
What is your reason for seeking help now? ____

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Are any of the following conditions a problem to you at this time? (Check all that apply)

___ Anxiety
___ Grief
___ Depression
___ Irrational Fears
___ Nervousness
___ Loneliness
___ Anger
___ Marriage Problems
___ Sexual Concerns
___ Loss of Work/Job

___ Self-esteem
___ Stress
___ Substance Abuse
___ Shame
___ Guilt Feelings
___ Suicidal Feelings
___ Loss of Hope
___ Rage
___ Relationship with Parents
___ Relationship with Children

___ Loss of Meaning of Life
___ Loss of Faith in God
___ Conflicts at Work
___ Thoughts of harming others
___ Other

Do you have a religious preference that you would like incorporated into your treatment? If yes, please explain.

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Please sign and date this document stating that the information you have written on this form is accurate to the best of your knowledge.

____ ___________________________________
Client's Signature Date

____ ___________________________________
Parent of minor client (under 18 years) Date