



Marcie Edmonds, MC, LPC
Licensed Professional Counselor

CLIENT INTAKE FORM

Name:	Date:
Please fill out the information below as best you can.	
DEMOGRAPHICS: Sex: _____ Age: _____	
MARITAL and PARTNER STATUS: (include how many years together, previous marriages, cohabitation, and briefly describe your relationship with your partner.) Can use the back or a separate piece of paper if more space is necessary.	
CHILDREN: (include names, ages, sex, and briefly describe your relationship with each child.) (In <u>or</u> out of the home.)	
HIGHEST LEVEL OF EDUCATION:	
OCCUPATION:	
RELIGION/SPIRITUALITY: (what religion/spirituality were you raised? What do you currently practice? How Important is religion/Spirituality to you?)	
ETHNICITY/RACE:	
CURRENT LIVING SITUATION:	
REFERRAL: (who referred you?)_	



Marcie Edmonds, MC, LPC
Licensed Professional Counselor

MEDICAL HISTORY

LAST PHYSICAL: (include any medical problems such as: thyroid, heart, blood pressure, head trauma, stroke etc...)

EXERCISE: (include how much, and how often)

SLEEP: (any sleeping problems? How long?)

MEDICATION: (include name, dos, and when taken)

CAFFEINE USE: (include how much, and how often) coffee/soda...

ALCOLHOL USE: (include how much, and how often)

NICOTINE USE: (include how much, and how often)

STREET DRUG USE: (include how much, and how often)

SEXUALLY TRANSMITTED DISEASES:

ADDICTIONS: (consider prescription drugs, street drugs, alcohol, sex, food, gambling, work, co-dependency, anger, etc...)

PSYCHIATRIC HISTORY: (include WHEN, WHERE, and WHY you sought counseling, and WHAT was the outcome)



Marcie Edmonds, MC, LPC
Licensed Professional Counselor

FAMILY HISTORY

FATHER: Age: _____ Education: _____

Occupation: _____

Addictions: _____

RELATIONSHIP WITH YOU DURING CHILDHOOD: (include how he disciplined you, how he showed affection, and how much time he spent with you)

MOTHER: Age: _____ Education: _____

Occupation: _____

Addictions: _____

RELATIONSHIP WITH YOU DURING CHILDHOOD: (include how she disciplined you, how she showed affection, and how much time she spent with you)

PARENTS RELATIONSHIP: (include how they showed affection to each other, how they resolved conflicts. Divorce? Remarriage?)

SIBLINGS: (include education, occupation, addictions, marital status, and describe your childhood relationship with each other. Do you have step or half-siblings?)



Marcie Edmonds, MC, LPC
Licensed Professional Counselor

SOCIAL HISTORY: (briefly describe what life was like for you at each developmental stage. What kind of student Were you? Did you have friends? What was it like at home?

CHILDHOOD:

ADOLESCENCE:

ADULTHOOD: (also include jobs, important relationships, education, military, family problems, religious problems, legal problems, habits, etc...)