



Client Intake Form

Heather Taylor Counseling Services
Snohomish, Washington

Please provide the following information. All information provided will be kept confidential.

Client Name: _____

Address: _____

Phone: _____ (cell phone) Okay to leave a message? YES NO

_____ (work phone) Okay to leave a message? YES NO

_____ (home phone) Okay to leave a message? YES NO

Date of first appointment: _____

Who may we credit with referring you?

Medical Provider: _____

Insurance Provider: _____

My Website

Psychology Today Website

Friend/Family: _____

Other: _____

Who would you like to use as an **emergency contact** in the event that we need someone to help us in making decisions for or with you? *(When possible, you would be informed in advance before we would make contact.)*

Name: _____ Relationship to you: _____

Phone: _____

Do you experience feelings of wanting to self-harm? YES NO

If YES, what method of harm do you consider? _____

If YES, is your intent to do so high? _____

Do you have a family history of mental illness? YES NO

Which family members? _____

What is their diagnosis? _____

Have you experienced trauma? YES NO

Have you experienced sexual trauma? YES NO

If yes, please briefly explain:

Marital Status:

- Never Married
- Domestic Partner
- Married
- Separated
- Divorced -- For how long? _____
- Widowed:

Please provide your partner's name and year deceased:

Please list any medications, herbs, or supplements that you are **currently** taking:

How would you rate your current sleeping habits?

- Poor
- Unsatisfactory
- Satisfactory
- Good
- Very Good

If you are having problems, in which phase of sleep are you experiencing issues?

- Falling asleep
- Staying asleep
- Awakening early
- Sleep apnea

How many times per week do you generally exercise? _____

What forms of exercise do you participate in?

Please describe **current** use of alcohol, cigarettes, and/or recreational drugs:

Please describe **previous** use of alcohol, cigarettes, and/or recreational drugs:

What goals would you like to accomplish in counseling?

To the best of my knowledge, the following information is true & accurate. I understand that this information will be kept confidential and used in building a treatment plan for my ongoing therapy sessions.

Client Signature: _____

Date: _____