

**Destin Counseling Services, LLC**  
3209 W. Smith Valley Road, Suite 224  
Greenwood, Indiana 46142  
(317) 884-5012 (phone)

**Intake Form**

Please take a moment to fill out the following personal information, as it is helpful in better understanding some of your past and present experiences and challenges. **If you are participating in couple's work, I will need each partner to complete a separate form.**

**Today's Date:** \_\_\_\_\_

**Name** \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

**Address** \_\_\_\_\_

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

**Phone Number (Home)** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
(Name) (Phone Number)

**Ethnicity:** \_\_\_\_\_ **Education:** \_\_\_\_\_  
(Highest Level)

**Occupation** \_\_\_\_\_ **Military? Y/N** \_\_\_\_\_  
(Branch)

**Have you participated in counseling or coaching in the past?** Y/N \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

**Therapist/Dr.** \_\_\_\_\_ **What was the diagnosis?** \_\_\_\_\_  
(Name)

**Are you currently taking any prescription medication? Y/N** What? \_\_\_\_\_  
\_\_\_\_\_

**What are your current life stresses?** \_\_\_\_\_

**Please circle any of the following issues that currently pertain to you:**

- |                 |                     |                |               |
|-----------------|---------------------|----------------|---------------|
| Depression      | Suicidal Thoughts   | Career/Work    | Self-Control  |
| Anxiety         | Eating Disorders    | Health         | Cutting       |
| Fear/Phobia     | Abuse               | Relationships  | Family Issues |
| Grief/Loss      | Sexual Identity     | Drugs/Alcohol  | Male Identity |
| Stress          | Anger               | Sleep/Insomnia | Divorce       |
| Sexual Problems | Learning Disability | Other:         |               |

**What life challenges bring you to seek help at this time?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What do you hope to get out of therapy or coaching?** \_\_\_\_\_

**Are you currently experiencing, or have you ever experienced, any of the following:**

	<u>Currently</u>	<u>Past</u>
Extremely depressed mood	Y/N	Y/N
Wild Mood Swings	Y/N	Y/N
Extreme Anxiety	Y/N	Y/N
Panic Attacks	Y/N	Y/N
Difficulty Concentrating	Y/N	Y/N
Difficulty Sleeping	Y/N	Y/N
Hallucinations	Y/N	Y/N
Frequent Body Aches	Y/N	Y/N
Body Image Problems	Y/N	Y/N
Repetitive or Obsessive Thoughts	Y/N	Y/N
Repetitive Behaviors	Y/N	Y/N
Suicide Attempt	Y/N	Y/N

**Current Relationship**

**Partner's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**How long have you been together?** \_\_\_\_\_ **Are you married? Y/N How long?** \_\_\_\_\_

**Do you have children?\*** Y/N      *Names* \_\_\_\_\_      *Age* \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*Please note any others living in the home:* \_\_\_\_\_

How would you say your relationship has been? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you say are the current challenges in your relationship? \_\_\_\_\_  
\_\_\_\_\_

Who is a part of your support network? \_\_\_\_\_  
\_\_\_\_\_

**Childhood**

How would you describe your overall childhood experience? \_\_\_\_\_  
\_\_\_\_\_

What kind of relationship did you witness your parents having while growing up?  
(Supportive, communicative, argumentative, tense, violent, distant) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your parent(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your sibling(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there significant developmental events that occurred for you as a child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever experienced any type of abuse (physical, sexual, emotional)? \_\_\_\_\_  
\_\_\_\_\_

Has alcohol or substance use/abuse been a problem? Y/N What substances/when?  
\_\_\_\_\_

Have you ever been treated? Y/N When? \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_

Do you have any problematic sleep behavior? Y/N Describe \_\_\_\_\_  
\_\_\_\_\_

**Do you have any religious affiliation? Y/N Describe** \_\_\_\_\_

**Do you have any current legal problems? Y/N Describe** \_\_\_\_\_

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**How were you referred to Destin Counseling Services?**

- Family/Friend
- Healthcare Professional
- Internet Search
  - Psychology Today
  - Destin Website
  - Other \_\_\_\_\_

Other \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_