

Concordia Counseling Center

800 North Columbia Avenue
Janzow Campus Center 204
Seward NE 68434

COUNSELING INTAKE FORM

Name _____ Age _____ Date _____

Permanent Address _____

College Address: _____

Mobile: _____ Home: _____

E-mail _____

Married Single Divorced Widowed Separated Living with Partner

Name of spouse/partner: _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Physical History:

General Health _____

Are you now under a doctor's care? Y/N If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? Y/N If yes, what kind? _____

Reason for medication: _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? Y/N Describe _____

Have you ever been hospitalized for a mental illness? Y/N Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke?: Y/N Do you take drugs? Y/N If yes, what kind? _____

Do you drink? Y/N How much? _____

Any Previous Therapy/Counseling? Y/N If yes, describe, when, where, how long, what for _____

What do you hope to achieve with therapy? _____

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/Avocations _____

Family Systems Information:

Father: _____ Living: Y/N

Mother: _____ Living: Y/N

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age____ #2 M F Age____ #3M F Age____ #4 M F Age____ #5 M F Age____ #6 M F Age____

Family Alcoholism or Domestic Violence? Y/N Sexual Addictions or Abuse? Y/N

Parents divorced? Y/N If yes, what year: _____ Your age at the time _____

If deceased, what year?: _____ Your age at the time: _____ Cause of death _____

Any step-parents? Y/N If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail _____

Spiritual History

Religious upbringing: _____ Present Affiliation: _____

How would you describe your relationship with God? _____

What are your habits of Scripture reading and study, prayer, Christian service, etc? _____

Emotional Status

Are you currently experiencing strong emotions? Y/N If yes, describe _____

Do you make decisions based on your emotions? Y/N How well does that work for you? _____

Did you have what you would consider to be childhood or other traumas? Y/N If yes, describe _____

Have you been treated for emotional disturbances? Y/N If yes, when? _____

Have you had any thoughts of suicide? Y/N Have you ever attempted suicide: Y/N

Have you ever harmed yourself? Y/N

Present Situation

Please state why you decided to come for counseling/therapy _____

What would you like to experience that is different from what you are experiencing now? _____

Personal Agreements

I understand that I may be asked to do certain “homework exercises” such as reading, praying, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling.

I further understand that much of the work done will be to resolve issues and will depend on my honesty, and willingness to do the things I need to do to move forward even if it is painful and difficult.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to myself or others.

I agree to keep my appointed time, and will provide at least 24 hour notice, when possible, if I need to cancel or reschedule.

Client

Date

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