Stoner COUNSELING SERVICES LLC

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New Client Intake

DATE (mm/dd/yyyy)			
NAME Legal Name (First, Middle Initial, Last)			
NAME You liked to be called	**PREFERRED PRONOUNS**	**DATE OF BIRTH** (mm/dd/yyyy)	
MAILING ADDRESS	City	State	Zip
PLACE OF BIRTH City	State	Country	
PHONE/EXT Where can I leave a message for you?	**EMAIL**		

People with whom I can leave a message about your appointments:

NAME First, Last	**RELATIONSHIP**	**PHONE** Ext
NAME First, Last	**RELATIONSHIP**	**PHONE** Ext

Why did you decide to come to counseling/therapy?

What do you want to work on in counseling/therapy? How long has this been a problem?

Are you currently seeing another mental health therapist? ______ Yes ______ No

If you had prior counseling experience, how would you describe that experience?

Check the symptoms below that are of concern:

Headache	Feel interior (to others)	Shy
Dizziness	Feel tense	Can't make/keep friends
Fainting spells	Feel panicky	Afraid of people
No appetite	Fears or phobias	Afraid of situations/things
Over-eating	Obsessions/compulsions	Issues at home
Binge eating	Depressed	Unable to have a good time
Stomach trouble	Suicidal thoughts	Always worried about something
Bowl disturbances	Prescription drug use	Don't like weekends/vacations
Always tired	Recreational drug use	Can't make decisions
Always sleepy	Drinking	Over-ambitious
Unable to relax	Allergies	Financial issues
Insomnia (can't sleep)	Asthma	Gambling
Recurrent dreams	Gender questions/issues	Job/school/relationship issues
Nightmares	Sexual questions/issues	Can't keep a job/friends
Hear voices	Too much/too little energy	Concentration/memory poor
Anger, frustration	Spiritual questions/issues	Want more out of life
Chronic health issues	Acute health issues	Addiction: ______________

Other: ____

Other: ____

Current medications, including prescription, over-the-counter, and herbal

NAME	INDICATION

Last medical examination

DATE (mm/dd/yyyy)	REASON

Are you now under a medical doctor's care? ______ Yes ______ No

Reason for doctor's care:

Anything else that you want to tell us?