



The Refuge Center
FOR COUNSELING



Adult Client Intake Form

Demographics

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Method of contact: Phone or Email (circle one)

Age: _____ Gender: _____ DOB: _____ Race: _____

Religious Affiliation: _____

Employer: _____ Occupation: _____

Marital Status: Single Married (____ years married) Divorced Widowed (circle one)

Children:	Name	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Referred by: _____

- Therapist
- Church
- Physician
- Agency
- Friend
- Internet

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Previous Counseling

Have you had any previous counseling? Yes No

Name of therapist: _____ Date of counseling: _____

Would you be willing to sign a release of information to talk with previous counselor? Yes No

Medical/Mental Health Information

Physician: _____ Location: _____

Are you currently taking medication for a mental or emotional condition? Yes No

Please list conditions and medications: _____

Have you ever been hospitalized for a mental or emotional condition? Yes No

If so, please list where and when: _____

Current medical health problems and medications: _____

Are you on disability? Yes No If yes, please describe: _____

Do you currently use: Alcohol or Drugs

Never Rarely Socially Frequently Daily (circle one)

Are you in treatment (such as outpatient) or utilizing support groups (such as AA)? Yes No

If yes, please describe: _____

What types of self-care practices have been helpful to you in the past when dealing with difficult situations?

These may be things you learned from previous therapy or discovered on your own. Examples: journaling, exercising, workbooks, prayer, support groups

What are some of your hobbies/interests? _____

Reasons for Seeking Counseling

In a few words, what do you think therapy is all about? _____

How long do you think therapy should last? _____

How long are you able to commit to therapy? _____

What personal qualities do you think the ideal therapist should possess? _____

Client Signature: _____ Date: _____