

## Small-Sadler Counseling Service Intake Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_ Social Sec.# \_\_\_/\_\_\_/\_\_\_

Please circle your Race: African American, Mexican/Hispanic American, Asian American, Native American, Caucasian American,  
Other (describe) \_\_\_\_\_

Gender: M F

Employment:

\_\_\_\_\_

Presenting Issue(s): Please state in your own words, the problems/issues which you and/or your family would like assistance with:

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

Medical Problems:

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

Medication/s: \_\_\_\_\_

\_\_\_\_\_

Mental Diagnosis & Medications:

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

Children in the home (list on back of this form) Any Children out of household (ages infants to 17) (yes or no). Give names and reasons:

The purpose of this section is to find culturally appropriate ways to help clients feel that their own culture, ethnicity, as well as spiritual beliefs are validated.

Please state the importance of the following: Please Check I (Important) V (Very Important) N (not Important)

Historical experience of my culture \_\_\_ Family \_\_\_ Spiritual beliefs \_\_\_

Awareness of my values and beliefs \_\_\_ Understanding of my world view \_\_\_  
Do not generalize (I am a part of a group, yet I am unique) \_\_\_

Would you prefer being counseled from a Spiritual/Christian Perspective?  
Circle Y / N

Have you or any family members had a history of:  
Please Initial where applicable M (for Mother) F (for Father) B (for Brother) S (for Sister) and/ or C (for Client).

Alcoholism \_\_\_ Drug Abuse \_\_\_ Eating Disorder \_\_\_ Depression \_\_\_  
Bi Polar \_\_\_ Emotional Problems \_\_\_ Schizophrenia \_\_\_  
Physical Disability \_\_\_ Severe Accident \_\_\_ Head Trauma \_\_\_ Suicide \_\_\_  
Physical Abuse \_\_\_ Emotional Abuse \_\_\_ Sexual Abuse \_\_\_ Homicide \_\_\_

**Check all that apply to you:**

<p><b>Mental Status:</b>      <b>Oriented to Person, Place &amp; Time:</b> _____</p> <p>Persistent sad, anxious or empty mood ___ Thoughts of death or suicide ___ Feelings of hopelessness ___ pessimism ___ worthlessness or helplessness ___ guilt ___ Loss of interest or pleasure in ordinary activities, including sex ___ Drug abuse ___ Decreased energy ___ feelings of fatigue ___ Change in appetite or weight ___ Difficulty in concentrating/memory or making decisions ___ Risky-behaviors ___ Increased energy activity ___ restlessness ___ racing thoughts and rapid speech ___ Excessive euphoria ___ Extreme irritability and distractibility ___ Uncharacteristically poor judgment ___ Decreased sleep ___ Gambling problems ___ Bed wetting ___ Harming animals ___ inability to feel fear ___ Period of uncontrolled worry ___ Nervousness &amp; anxiety for six months or more ___ Muscle pain ___ insomnia ___ trembling ___ Fear of Crowds ___ Experienced a physical assault ___ Witnessing death ___ Death of a loved one ___ Traumatic witnessing a war ___ Natural disasters ___ Frequent-crying spells ___ Repetitious thoughts ___ Ritualistic behavior (i.e. excessive hand washing to prevent illness ___ checking and rechecking locked doors before retiring to bed ___ Angry ___ Feel like hurting others ___ feelings of superiority ___</p>
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Concerned about being judged/ridiculed in social situations \_\_\_ Feelings of extreme embarrassment/ anxiety when in public \_\_\_ Heart palpitations \_\_\_ blushing and sweating \_\_\_ Pounding heart \_\_\_ Sweating \_\_\_ Trembling or shaking \_\_\_ Shortness of breath \_\_\_ Sensation of choking \_\_\_ Nausea or abdominal pain \_\_\_ Dizziness or lightheaded \_\_\_ Feeling unreal/disconnected from oneself \_\_\_ Fear of losing control \_\_\_ Fear of going crazy or dying \_\_\_ Numbness \_\_\_ Chills or hot flashes \_\_\_ Physical symptoms that mimic a heart attack or chest pain \_\_\_ Feel emotionally cold/distant \_\_\_ unable to form close interpersonal relationships \_\_\_ Suspicious of your surroundings \_\_\_ Introverted \_\_\_ Thoughts of hurting others \_\_\_ Intense fear of intimacy and closeness \_\_\_ Hear voices \_\_\_ No pleasure in life \_\_\_

Where did hear about Small-Sadler Counseling Services:

Dr. Schultz

Body of Christ

Connect Colorado

Colorado Association of Psychotherapist

The Christian Business Directory

CounselorLinda.com Web Site

Alter\*Native Voices

Anything Else?

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(use reverse if necessary)

E-mail: \_\_\_\_\_