

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>Mental Status: Oriented to Person, Place & Time: _____</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 & 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?

(use reverse if necessary)

E-mail: _____