



Pathfinders

Counseling LLC

ADULT INTAKE FORM

Date: _____ Referred by: _____
First Name: _____ Last Name: _____
Date of birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____
Email: _____ Employer: _____
How did you hear about Pathfinders Counseling? _____
Did you visit our website? www.pathfinderscounselingllc.com _____

The following are common concerns of individuals seeking counseling services. Please check all that apply to you. This will help us serve you better. Answer as honestly as possible, you may clarify any answers in session.

Family Circumstances:

- ___ My parents are divorced/separated
___ I cannot talk to my family about my personal concerns/problems
___ My relationship with my family is satisfactory
___ My family is not emotionally close

My family has a history of:

- ___ Counseling ___ hospitalization ___ alcohol/drug use ___ depression
___ abuse ___ disordered eating ___ poor communication ___ suicide

Other: _____

Currently I live: alone with roommate(s) with spouse/partner with children with parents

I use alcohol/drugs: _____ (specify) _____ times per week

The following have resulted from my use of alcohol and/or drugs:

- traffic ticket/violation fight with friend ruined relationship black outs academic problems
- disciplinary action legal trouble other (please specify) _____

Relationships with self and others:

- ___ My social/dating life is unsatisfactory
- ___ There are sexual concerns I'd like to discuss
- ___ I have had unwanted sexual experience
- ___ I am dissatisfied with my personal appearance
- ___ I have tried to control my weight with: vomiting laxatives excessive exercise not eating
- diuretics diet pills other: (please explain) _____

I have felt like or tried harming myself (circle: past or present)

I have felt like or tried harming others (circle past or present)

I have had problems recently with the following:

- Sleeping appetite weight loss/gain mood shifts headaches anxiety concentration
- depression anger other: (explain) _____
- ___ I do not handle stress well
- ___ I have difficulty expressing my emotions
- ___ I often get extremely angry
- ___ At times I have acted in a violent manner
- ___ I am having academic and/or work problems
- ___ I have suffered a recent loss: death **on** relationship ending **ur** other loss
- ___ I have current or past health concerns I would like to discuss

What would you like to accomplish in counseling? Please list your goals:

1. _____

2. _____

3. _____
