

Initials: \_\_\_\_\_

**2<sup>nd</sup> Star Counseling, LLC**  
www.2ndstarcounseling.com



**Kathryn Raley**  
**NCC, LPC, RPT**  
**Certificate Counseling Youth and Adolescents**  
**Certificate Transpersonal Counseling**  
**720-938-3503**

**Denver, CO**  
**Lafayette, CO**  
**kathryn@2ndstarcounseling.com**

**Confidential Client Intake Form**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital/Relational Status: \_\_\_\_\_ Partner/Spouse Name: \_\_\_\_\_

Children (Names and ages): \_\_\_\_\_

Others living in your home \_\_\_\_\_

Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

**How did you hear of our services:** \_\_\_\_\_

**CONTACT INFORMATION**

Address: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

\_\_\_\_\_ At which number(s) may I leave a message? \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

\_\_\_\_\_ Alternate phone: \_\_\_\_\_

**EXPECTATIONS FOR THERAPY**

What brings you to seek therapy now and what do you hope to gain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_

What are your concerns about therapy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have had an experience with therapy in the past, can you briefly describe what worked for you or what you didn't work? \_\_\_\_\_  
\_\_\_\_\_

**PAST YEAR CHECKLIST**

Only respond to those areas that apply to you. Please rate the level of distress these issues have caused you in the past year:

0 None	1 Minor	2 Moderate	3 Considerable	4 Extreme
____ Sleeping Too Much/Too Little	____ Drug/Alcohol (self or other)			____ Financial Concerns
____ Eating Too Much/Too Little	____ Loneliness			____ Legal Difficulties
____ Mood Swings	____ Caring for others			____ Major Life Transition
____ Angry Outbursts	____ Distance from Loved Ones			____ Gender Identity Conflict
____ Depression	____ Death/Major Loss			____ Sexual Identity Conflict
____ Repetitive Behaviors	____ Past trauma			____ Cultural Concerns
____ Anxiety/Fear	____ Health Problems			____ Religious Conflicts
____ Lack of Energy	____ Sexual Problems			____ Experienced Discrimination
____ Hear/See things others cannot	____ Relationship Problems			
____ Suicidal Thoughts/Actions	____ Concerns regarding family			
____ Physical/Emotion/Sexual abuse	____ Education/Work Concerns			

**MEDICAL AND MENTAL HEALTH TREATMENT INFORMATION**

Please describe your physical and mental health including significant hospitalizations, illnesses, and/or medications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving other mental health services or medical treatments? \_\_\_\_\_  
\_\_\_\_\_

Initials: \_\_\_\_\_

**SUBSTANCE USE**

Do you currently use tobacco, alcohol, or other drugs (not prescription)? \_\_\_\_\_

Substance	How much and how often?	Past Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If applicable) When you used the most, how much did you use? \_\_\_\_\_

\_\_\_\_\_

Past substance abuse treatment? \_\_\_\_\_



**LEGAL HISTORY**

Are you involved in the legal system or have you had significant legal issues in the past?

\_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

Please give me a brief family history. Describe family of origin and your current family dynamics:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**RELATIONSHIPS WITH OTHERS**

Please describe the important people in your life and the quality of these relationships:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_

Have you now or ever experienced violence, abuse, or threatening behavior in a relationship? \_\_\_\_\_

\_\_\_\_\_

**CRISIS and/or TRAUMA HISTORY**

Please list any past traumatic experiences you have had (including but not limited to childhood abuse, military combat, assault, natural disasters, life threatening illness).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STRENGTHS AND RESOURCES**

What helps you to make it through difficult times? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who can you count on for support in times of need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What gives you personal enjoyment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell me about special skills or abilities that you have.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_

What communities are you a part of?

---

---

---

---

Do you have religious practices or spiritual beliefs that are important to you?

---

---

---

Is there anything else you think I should I know? \_\_\_\_\_

---

---

---