

CHRISTOPHER G. MARQUARDT, LPC
Intake Form

Some of the questions might seem difficult or irrelevant. Regardless, I urge you to take your time and be as thorough as possible. This will help us begin our work at a level of depth. All information will be retained confidentially.

Full or Legal Name:

Date of Birth:

Your identified gender :

Marital Status:

Email address:

Phone number:

Mailing address:

In case of emergency, whom shall I contact, and what is their relationship to you? What's the best way for me to reach them?

Background

With which cultures/races/ethnicities/languages do you identify ?

Any others you live with or any extended family roles you take on in your household?

What are your reasons for visiting a counselor? What kind of symptoms are your experiencing, if any?

-What do you think might be causing the above - include all speculations regardless.

Your top three things that get you stressed on a day-to-day basis or generally in your present life:

What other facets of your life present difficulties or need strengthening? Are there past issues which seem to come up repeatedly?

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What coping skills (positive or negative) do you use for stressful situations?

Things that make you most nervous about counselors/counseling:

How do you unwind or what do you do for recreation?

Trauma:

Please share any exposure to instances of abuse/neglect/natural disasters, etc.

Are there any significant people in your life that have passed that are important for me to know about?

Medical

If you've recently seen (or are seeing) a doctor or another therapist, please consider signing a release form so I can interact with other or past providers.

Have you been treated by a doctor in the last 12 months? How is your health in general? Do you have any somatic complaints? Share your sleeping habits/patterns.

Have you ever been hospitalized or had thoughts around suicide? When was the last time for either?

Have you had any suicide attempts? When/how many/details...?

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Any other forms of self harm? When/how many/details...

Substances Used/Frequency/History

Are you now taking, or have you taken any alcohol or drugs (such as marijuana, amphetamines, barbiturates, cocaine, heroin, or other intoxicants)? If yes, please give details (dates, types, amounts, addictions, treatment, and present use).

Are you now taking, or have you taken within the past two years, any prescribed medication? If yes, please give details (dates, types, dosage, and present use).

Employment

Write about your educational history/successes/obstacles:

What is your work history? What types of jobs have you held? What is the level of satisfaction in your current position?

How have social class and economics impacted your development and present situation?

Have you served in the military? If so, please provide details of your service:

Technology

What do you use technology for (phone, gaming, porn, *etc.*)?

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How much time do you spend online, or in front of a technology device, per week?

What's your connection/relationship with social media?

Multicultural

How might my race/gender/ethnicity impact our counseling relationship? How can we address this so you feel comfortable?

Pick three words that best describe your family of origin - they can be anything (related to race, politics, emotion, etc.)

Write briefly about your experience with religion and spirituality and how you see them connected, or unrelated, to counseling.

Do you have any disabilities or unique learning styles you'd like me to know about?

How does your sex life, gender, and sexuality impact your life?

Miscellaneous

How willing are you to complete homework? (select one):

Very willing *Willing* *Neither willing nor unwilling* *Unwilling* *Very unwilling*

How (mentally) healthy do you feel right now? (select one):

Very healthy *Healthy* *Neither healthy nor unhealthy* *Unhealthy* *Very unhealthy*

How can we measure how therapy is working for you?