



Abiding Hope Counseling

Colorado Springs, Colorado 80905
719-362-0132
www.AHColorado.com

NEW CLIENT INTAKE FORM

Today's Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

E-mail address: _____

DOB: _____

Referred by: _____

Are you comfortable with the therapist praying at the end of each session? _____

Do you use alcohol or other drugs on a regular basis? _____

If so, how often? _____

Brief MAST

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Do you feel you are a normal drinker? | Yes _____ No _____ |
| 2. Do friends or relatives think you are a normal drinker? | Yes _____ No _____ |
| 3. Have you ever attended a meeting of Alcoholics Anonymous (AA)? | Yes _____ No _____ |
| 4. Have you ever lost friends or girlfriends/boyfriends because of drinking? | Yes _____ No _____ |
| 5. Have you ever gotten into trouble because of drinking? | Yes _____ No _____ |
| 6. Have you ever neglected your obligations, your family, or your work for two or more days in a row because of drinking? | Yes _____ No _____ |
| 7. Have you ever had delirium tremors (DT's), severe shaking, heard voices or seen things that weren't there after heavy drinking? | Yes _____ No _____ |
| 8. Have you ever gone to anyone for help about your drinking? | Yes _____ No _____ |
| 9. Have you ever been in a hospital because of drinking? | Yes _____ No _____ |
| 10. Have you ever been arrested for drunk driving or driving after drinking? | Yes _____ No _____ |

What are your ambitions/goals?

What do you consider your greatest assets/strengths/talents/capabilities?

What do you consider your weaknesses?

How is most of your free time occupied?

What is the role of religion/spirituality/church in your life, both past and present?

Denomination?

Briefly explain the reason for your visit:

Education:

Current Occupation:

Circle any of the following that apply to you:

Headaches	Dizziness	Fainting	Palpitations
Stomach trouble	Poor/No appetite	Excessive appetite	Weight loss/gain
Bowel trouble	Excessive sweating	Trouble falling asleep	Fitful sleep
Nightmares	Early waking	Hate to get up	Take sleeping pills
Tired	Exhaustion	Confused	Disoriented
Hard to concentrate	Forgetful	Memory Loss	Strange Sensations
Overly suspicious	Personality change	Blackouts	Tremors
Drinking more than socially		Alcoholic	Use drugs
Smoke pot	Don't like weekends	Don't like vacations	Feel tense
Fearful	Anxious	Panicky	Worried
Unable to relax	Driven	Can't sit still	Unable to have a good time
Don't care about anything	Fussy	Perfectionist	
Scrupulous	Obsessive thoughts	Compulsion to do certain things	
Sexual problems	Feel inferior	Inadequate	Lonely
Unloved	Shy	Afraid of people	Hard/unable to make friend
Afraid of people	Fear of hurting one's feelings	Eager to please	
Indecisive	Change mind often	Depressed	Worthless
Feel helpless	Hopeless	Guilty	Ashamed
Thoughts of death/suicide	Fear of dying	Fear of losing mind	Fear of having cancer
Very selfish	Impulsive behavior	Unstable	Unpredictable moods
Unstable	Quick to anger	Uncontrollable outbursts	
Hard to deny self	Conflict w/ authority	Financial problems	Frequent job changes
Crisis of faith	Changed values	Identity crisis	Disbelief in God
Not living up to religious obligations		Find prayer meaningless	

Other symptoms not mentioned above:

How would you describe your present health? Please rate each: Excellent, Good, Fair, Poor

A. Physical _____

B. Emotional _____

C. Spiritual _____

Are you presently taking medication? If so, what and for what conditions?

Have you ever been under the care of a psychiatrist or therapist? Yes No
If yes, with whom and what was the nature of the treatment?

Have you received any psychological testing/diagnosis? From whom and when? What were the results?

Names of biological family members (parents, siblings):

Are they living?

Is there any family history of mental or emotional illness/substance abuse?

With whom do you live now?

Childhood:

Briefly describe what it was like growing up in your home:

Describe discipline in your home and who enforced it?

Was mother's pregnancy and delivery (with you) normal? Any complications? Were all developmental milestones (walking, talking, toilet training) met at normal times? Normal childhood diseases?

Any hospitalizations and/or trauma (including sexual or physical abuse) while growing up?

Any outstanding memories (positive or negative) regarding elementary, middle, or high school?

Are you sexually active?

Do you have any learning disabilities?

What are your hobbies and interests?

Who are your friends now?

Marital status:

Married Divorced Single Cohabiting

Spouse/Significant other: _____ Age: _____

His/her occupation: _____ Year Married: _____

Children (Name/Age):

Describe marriage:

Are there any previous marriages for you or your spouse?

Are you having financial problems at present?

Legal problems?

Have you ever been arrested? If so, please explain.

Military service:

Does your present way of work and life satisfy you?

In what way of life/work do you think you would be happiest?

Is there anything else that I should know?
