Organization Name
Intake Document

0000 W Anonymous Rd
Anytown, USA 00000
000.000.0000 W
000.000.0000 F

Name Eliza D Date [redacted] DOB [redacted] Age 18

School/Work City University

Current Living Arrangements: (City/With Whom) Dorm with friends

Reason for seeking counseling at this time I have to be here

PRESENTING PROBLEMS:
(Check Symptoms that apply)

- _____Alcohol or Drug Abuse
- _____ Anger
- X Anxiety/Stress
- _____ Compulsive behaviors
- _____ Confusion
- _____ Depression/Sadness
- _____ Fears/Worries
- _____Hallucinations
- _____Hopelessness
- _____ Impulses to hurt self or other
- _____ Irritability
- X Low Self Esteem
- _____ Medical Physical Complaints
- _____ Memory Difficulties
- _____ Repeated bothersome thoughts
- _____ Sleep Difficulties
- _____ Suicidal Thoughts
- _____ Trouble thinking/Concentrating
- _____ Weight gain or loss
- _____ Other _____

Family Information:

Family Members	Names	Occupation (Parents/Spouse)	Status of Relationship?
Mom	Joan	Elementary Secretary	Okay
Dad	Burt	Truck Driver	Good
Stepmom			
Stepdad			
Spouse			
Significant Other			
Sibling(s)		Age	
		Age	
		Age	
		Age	

Life Stressors:

- _____ recent losses/deaths
- _____ loss of job(s)
- _____ separation/divorce
- _____ legal problems
- _____ difficult relationships
- _____ financial
- _____ moves/change of school
- _____ abuse/trauma

Current Medications for Mental Health: none