

Laura Young, LCSW Counseling Services, P.C.  
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## Client Intake Form

### Basic Info

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Mobile Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Email Address (2) \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City/State/Country of Birth \_\_\_\_\_

Circle the gender you best identify with

Female    Male    Transgender Male    Transgender Female    Non-Binary    Other

### Family & Partnerships

Circle your marital status

Single    Married    Divorced    Separated    Domestic Partner    Widow/er    Engaged

Name of Partner or Spouse (if married) \_\_\_\_\_

How long partnered? \_\_\_\_\_

On a scale of 1-10, How would you rate your relationship? 1=Poor 10=Excellent

1    2    3    4    5    6    7    8    9    10

Were you previously married or divorced? \_\_\_\_\_

If so – how many times? \_\_\_\_\_

If yes – how long was your first marriage? \_\_\_\_\_

If yes, how long was your 2<sup>nd</sup>/3<sup>rd</sup> marriage? \_\_\_\_\_

Do you have children? If yes, how many? Please list their ages.

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Who do you live with? Circle all that apply.

Self      Roommate      Partner      Spouse      Children      Other/Pets

Is your mother deceased? If so, what year?

\_\_\_\_\_

Is your father deceased? If so, what year?

\_\_\_\_\_

Do you have any brothers? If so, how many?

\_\_\_\_\_

Do you have any sisters? If so, how many?

\_\_\_\_\_

If not a single child, What rank are you? (eg: Oldest, Middle, Youngest etc.)

\_\_\_\_\_

Any deceased siblings?

\_\_\_\_\_

## Education & Work

Highest Grade/Degree \_\_\_\_\_

Rank how your family viewed these aspects of school & education:

(1=Most Important – 5=Least Important)

\_\_\_ Academic Achievement above all else

\_\_\_ Sports Teams/ Being athletic or cheerleading etc

\_\_\_ Non Sport Related Activities/Clubs (like chess team, debate team, drama club etc)

\_\_\_ Being Popular and creating a social network

\_\_\_ Family was not available or interested in anything surrounding my education

Please indicate on a scale of 1-10 (10 indicating great enjoyment/satisfaction with the schools I attended/my education and 1 indicating tremendous dis-satisfaction/annoyance)

How do you rate your time spent in:

\_\_\_ Pre-K

\_\_\_ Grade School

\_\_\_ Junior High

\_\_\_ High School

\_\_\_ College

\_\_\_ Home Schooled

Please share one or more memories of when and why you enjoyed a certain school or school experience.

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Please share one or more memories of when or how something with your education or school experience was annoying, challenging, or did not meet your educational or social needs.

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Current Employment Status/ Position \_\_\_\_\_

Do you enjoy your work?

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### **General Health & Mental Health Information**

Have you previously received any type of mental health services?

Circle all that apply (eg: psychotherapy, psychiatric services, etc)

Individual      Couples      Family      Group      Psychiatric      Imago      Other

If yes, list the previous therapist(s)/practitioner(s) name(s)

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Any prescription medications?

Please list each medication, and the reason.

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How would you rate your current sleeping habits?

Poor    Unsatisfactory    Satisfactory    Good    Very Good

Please list any specific sleep problems you are currently experiencing.

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If you exercise, what activities and how often?

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Please list any difficulties you experience with your appetite or eating patterns.

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Are you currently experiencing overwhelming sadness, grief, or depression? \_\_\_\_\_

If yes, for approximately how long? Provide a brief summary.

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Are you currently experiencing anxiety, panic attacks, or have any phobias? \_\_\_\_\_

If yes, when (and what) did you begin experiencing this?

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Are you currently experiencing any chronic pain? \_\_\_\_\_

If yes, please describe.

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What is the frequency of your alcohol consumption?

Never    Rarely    Often    Too Often    Sometimes people are concerned about my alcohol usage    Other

If other, please describe. \_\_\_\_\_

How often do you engage in recreational drug use?

Never    Rarely    Often    Too Often    Sometimes people are concerned about my drug use    Other

If other, please describe. \_\_\_\_\_

What significant life changes or stressful events have you experienced recently?

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Do you consider yourself to be spiritual or religious? If so, Please describe your faith or belief

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## Family Mental Health History

In the section below, identify if there is a family history of any of the following.

If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc)

Circle all that apply.

Alcoholism   Substance Abuse   Depression   Anxiety   Domestic Violence   Eating Disorders

Obesity   Obsessive Compulsive Behavior   Schizophrenia   Bi-Polar/Manic Depression   Suicide Attempts

Please indicate the family member's health challenge & relationship to you.

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If any area circled "yes" please provide any details that are important or use for me to know.

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What do you consider to be some of your strengths?

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What do you consider to be some of your challenges?

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What would you like to accomplish out of your time in therapy?

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Indicate the kind of therapy you are requesting.  
Circle all that apply.

Individual      Couples      Family      Group      Imago

How or by whom were you referred?

- Personal reference
- Professional reference
- A publication where I was a contributing editor
- Google
- Yelp
- Other \_\_\_\_\_

If personally referred, who? \_\_\_\_\_

If professionally referred, who? \_\_\_\_\_

## Client Relational Inventory

### A. Environmental Stressors:

Please describe events or changes which have occurred within the past two years. (Please include families of origin as well as immediate family).

	WHO	WHERE	WHEN	OTHER INFO
1. Deaths?	_____	_____	_____	_____
2. Births?	_____	_____	_____	_____
3. Job Loss?	_____	_____	_____	_____
4. Job Change (or promotion)	_____	_____	_____	_____
5. Moved?	_____	_____	_____	_____
6. Children entering school?	_____	_____	_____	_____
7. Children leaving school?	_____	_____	_____	_____
8. Accidents?	_____	_____	_____	_____
9. Major Illness?	_____	_____	_____	_____
10. Other?	_____	_____	_____	_____

### B. Satisfaction Within the Relationship

The numbers in the following order represent different degrees of satisfaction in your family. Please circle the number that best describes the degree of overall satisfaction in your family, all things considered. The list details some of the specific areas that, taken together make up general satisfaction within a relationship. Please circle the number that best represents your happiness with the way you and your partner/family usually interact in each area:

	Very Unsatisfied	A Little Unsatisfied	Satisfied	Very Satisfied	N/A
Our daily social interaction w/each other	1	2	3	4	N/A
Out affectionate interaction	1	2	3	4	N/A
Our sexual interaction	1	2	3	4	N/A
Our trust in each other	1	2	3	4	N/A
Our communication	1	2	3	4	N/A
The way we divide chores	1	2	3	4	N/A
The way we make decisions	1	2	3	4	N/A
The way we manage conflict	1	2	3	4	N/A
Our management of children (if any)	1	2	3	4	N/A
Amount of time spent apart	1	2	3	4	N/A
Amount of time spent together	1	2	3	4	N/A
Quality of time together	1	2	3	4	N/A
The way we support each other in crisis	1	2	3	4	N/A
The way we share financial decision making	1	2	3	4	N/A

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Looking back over this list one more time, please self-reflect and suggest some ways in which a change in your own behavior might improve your satisfaction in any of the areas rated as 1. Very Unsatisfied or 2. A little Unsatisfied:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### C. Goals of Counseling

Which one of the following statement comes closest to expressing what you hope to gain from this counseling experience?

- \_\_\_\_\_ I hope to improve an already satisfying relationship
- \_\_\_\_\_ I hope to improve a relationship that now offers little satisfaction
- \_\_\_\_\_ I hope to decide whether to continue in this relationship
- \_\_\_\_\_ I hope to resolve my conflicting feelings so I can end this relationship
- \_\_\_\_\_ I hope to terminate this relationship amicably (and to learn to co-parent effectively, if applicable).



#### D. General Commitment to the Relationship

These questions address the level of your general commitment to your relationship. Commitment varies over time—at some times it is very strong, at other times weaker—and its level may affect your partner’s or your family’s willingness to try to improve the relationship. The following questions are concerned with your commitment level and some of its components. Circle the response closest to your current feelings. Please substitute the word “family” for “partner” when applicable

1. What percentage of the time do you feel supported by your partner?	5%	25%	50%	75%	95%
2. What percentage of the time do you feel your partner brings out the best in you?	5%	25%	50%	75%	95%
3. What percentage of the time do you feel proud to tell other about your partner?	5%	25%	50%	75%	95%
4. What percentage of the time do you think your partner feels supported by you?	5%	25%	50%	75%	95%
5. What percentage of the time do you feel that you bring out the best in your partner?	5%	25%	50%	75%	95%
6. What percentage of the time do you think your partner is proud to tell others about his/her relationship with you?	5%	25%	50%	75%	95%
7. What percentage of the time that you spend with your partner is enjoyable for you?	5%	25%	50%	75%	95%
8. What percentage of the time do you spend together do you think is enjoyable for your partner?	5%	25%	50%	75%	95%
9. How committed are you to remaining in this relationship?	5%	25%	50%	75%	95%
10. How committed do you think your partner is to remaining in this relationship?	5%	25%	50%	75%	95%

Time you both/the family could attend regular counseling sessions: Days: \_\_\_\_\_  
Please list at least three different possibilities: Hours: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Thank you for sharing with me & completing this intake form.  
I look forward to working with you.

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