

Marissa Pope, LPC, C.A.R.T.

Standard Initial Intake Form

Please print neatly

Full Name _____ Today's date _____

Preferred name (What should I call you?) _____

Last 4 of your SSN _____ Date of Birth _____

Marital Status _____

Mailing Address _____

Physical Address if different _____

Home Phone _____ Cell Phone _____

Would you like to receive text reminders of your
appointments? YES NO

If so, please circle which phone number above I should use.

Have you ever received Counseling Before? _____

If yes, at what age? _____

How did you hear about me? _____

Highest Education Level Achieved _____

Occupation _____

In your words, why are you seeking counseling?

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Who lives with you?

Name	Age	Relationship to you
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a diagnosed mental health disorder?

Any chronic illnesses or disabilities?

Is there anyone in your household or in your extended family with a diagnosis of either of the above?

Emergency Contact: Name _____

Relationship _____ Phone Number _____

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Do you practice a religion?

Please indicate with a circle if you have *ever* experienced any of the following yourself, and place a star by any that you are currently experiencing:

Low Self Esteem	Severe Anxiety	Panic Attacks		
Insomnia	Obsessive Recurring Thoughts	Depression		
Eating Issues	Marital Conflict	Other Household Conflict		
Conflicts at Work or Outside of Home	Easily Distracted			
Sexual Problems	Struggles with Disorganization	Anger Issues		
Legal Trouble	Loneliness	Shame	Grief	Overwhelmed
Drinking too Much	Drug Abuse	Tobacco Reliance		
Thoughts of Hurting Others	Overwhelming Guilt	Suicidal		
Thoughts of Self-Harm	in a Dangerous Situation	Confusion		
Excessive Fear or Worry	Something Else I want to Discuss			

Anything else you feel I should know before we get started?
