Brian Dugdale, MA, LCMHC Licensed Clinical Mental Health Counselor Adolescent or Adult Intake Form

General Information:		
Today's Date: / /		
Full Name:	Referred	By:
Name of Parent/Guardian (if un	der 18 years old):	
Date of Birth: / / Ag	e: Gender: 🗆 Male 🗆 Fe	emale
Address:		
Street	City	State Zip
Contact Phone Numbers:	(Cell)	Message Here? □ Yes □ No
	(Home	e) Message Here? Yes No
	(Work	x) Message Here? □ Yes □ No
Email Address:		_ Message Here? □ Yes □ No
Emergency Contact:	(Name)	(Relationship)
	(Home #)	(Cell #)
Work/Education: Employer:	Iob Title:	
		nours worked per week:
		_ Currently in school? □ Yes □ No
		ou pursuing?
Relational Information:		
Current Relationship Status: 🗆 S	ingle □ Dating □ Er	ngaged Married
\Box S	Separated □ Divorced □ W	idowed □ Live-in
If married, how long?	_ If divorced, separated, or	widowed, how long?
Partner's name:	Age	:Gender: □ Male □ Female
Is your partner in support of you	u pursuing counseling? 🗆 Y	'es □ No □ Unsure □ Unaware
With whom do you currently liv	e with (check all that apply	<i>r</i>)?
□ Alone □ Spouse □ Children □	$\neg \ Parent(s) \ \Box \ Sibling(s) \ \Box \ B$	oyfriend/Girlfriend □ Roommate(s)

Children/Family:

Please list your children (including step, foster, adopted, or deceased) below:

Name	Gender	Age	e/Year of death	Relationship to you (e.g. bio, adopted, step)		Living with whom?	
Please list your m						or any other family fe below:	
	_	e or	Relationship to				
Name	-	year of mother, fathed death step-rela		. 0.		2 words to describe this person	
	_						
Medical Informa				D.			
Primary Physician	n:			Ph	one:		
Address:	•11		. 1 1		City:		
List any condition	is, ilinesse	es, sui	geries, nospitaliz	zations, or	traumas tna	it you nave nad:	
List all current me	edications	that	you are taking, ii	ncluding th	ose you sel	dom use:	
• Medication: _					Dosage:		
• Medication:					Dosage:		

□ Improves □ Prevents □ Purpose of Medication: _____

Previous Counseling Experience:

Please list any previous counseling, psychiatric treatment, or residential/in-patient treatment experience below (use back if necessary):

Ther	apis	st's Name or Program		Мајо	or Issues Addressed		Date	es and Number of Sessions
D		/D t I						
	•	Past Issues:						
Are y	ou p	presently experiencing	g any	suic	idal thoughts? \square Yes	s □ No		
Have	you	experienced them in	the p	oast?	□ Yes □ No			
Have	you	attempted suicide?	□ Yes	s 🗆 N	О			
Ιf	ves	, when and how?						
								wisida? – Vas – Na
	_	of your friends/fami	-		·	ttempt	ea s	uiciae? 🗆 res 🗆 No
If	yes	, when and how?						
Arox	7011 E	experiencing any thou	ισhte	of h	rming voursalf or so	meone	مادد	2 - Vos - No
AICy	out	experiencing any mou	ignts	OI II	arming your sen or so.	IIICOIIC	CISC	e: les lino
AIC y	ouc	experiencing any thou	igiits	OI III	arming yoursen or so	inconc	CISC	er lifes lino
			J					
Pleas	se ch	eck any of the followi	J					
Pleas	se ch e pas	eck any of the followi	ing th	ıat yo		riencin	ıg oı	have experienced
Pleas in the	se ch e pas t Pasi	eck any of the followingst:	ing th	iat yo	ou are presently expe	riencin Present	g OI	have experienced
Pleas in the Presen	se ch e pas t Pass	eck any of the followingst: Stress	ing th	at yo t Past □	ou are presently expe Fears	riencin Present	g 01 Past	have experienced Financial problems
Pleas in the Presen	se che pas	eck any of the followingst: Stress Anxiety/worry	ing th	at yo	ou are presently expe Fears Shyness	riencin Present	g OI	have experienced Financial problems Obsessive thoughts
Pleas in the Presen	se che pas t Pasi	eck any of the followingst: Stress Anxiety/worry Panic attacks	ing th	at yo	ou are presently expe Fears Shyness Parenting problems	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors
Pleas in the	se che pas	eck any of the followingst: Stress Anxiety/worry Panic attacks Depression	ing th	at yo	Fears Shyness Parenting problems Family problems	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations
Pleas in the	se che pas	eck any of the followingst: Stress Anxiety/worry Panic attacks Depression Crying all the time	ing th	t Past	Fears Shyness Parenting problems Family problems Marital problems	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices
Pleas in the	se che pas	eck any of the following st: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation	Present	e Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts
Pleas in the	se che pas	eck any of the followingst: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy	Present	aat yo	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems
Pleas in the	se che pas	eck any of the followingst: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use
Pleas in the	se che pas	eck any of the followingst: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use
Pleas in the	se che pas	eck any of the followings: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy
Pleas in the	se che pas	eck any of the following: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion
Pleas in the	se che pas	eck any of the following: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless	Present	at yo	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters
Pleas in the	se che pas	eck any of the following: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress
Pleas in the	se che pas	eck any of the following: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless Guilt	ing the	r Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior Bad dreams	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress Career choices
Pleas in the	se che pas	eck any of the following st: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless Guilt Death of a loved one	ing the	rat ye	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior Bad dreams Unwanted memories	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress Career choices Indecisiveness
Pleas in the	se che pas	eck any of the followingst: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless Guilt Death of a loved one Grief	ing the	rat ye	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior Bad dreams Unwanted memories Loss of control	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress Career choices Indecisiveness Addiction
Pleas in the	se che pas	eck any of the followings: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless Guilt Death of a loved one Grief Chronic pain	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior Bad dreams Unwanted memories Loss of control Impulsive behavior	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress Career choices Indecisiveness Addiction Desire for growth
Pleas in the	se che pas	eck any of the following: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless Guilt Death of a loved one Grief Chronic pain Physical disability	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior Bad dreams Unwanted memories Loss of control Impulsive behavior Controlling of others	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress Career choices Indecisiveness Addiction Desire for growth Spiritual problems
Pleas in the	se che pas	eck any of the followist: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless Guilt Death of a loved one Grief Chronic pain Physical disability Terminal illness	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior Bad dreams Unwanted memories Loss of control Impulsive behavior Controlling of others Controlled by others	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress Career choices Indecisiveness Addiction Desire for growth Spiritual problems Other
Pleas in the	se che pas	eck any of the following: Stress Anxiety/worry Panic attacks Depression Crying all the time Lack of motivation Fatigue/Lack of energy Poor appetite Overeating Trouble sleeping Poor concentration Feeling worthless Feeling hopeless Guilt Death of a loved one Grief Chronic pain Physical disability	Present	t Past	Fears Shyness Parenting problems Family problems Marital problems Relationship problems Physical abuse Emotional abuse Sexual abuse Sexual problems Gender identity Anger issues Aggressive behavior Bad dreams Unwanted memories Loss of control Impulsive behavior Controlling of others	riencin	Past	Financial problems Obsessive thoughts Compulsive behaviors Hallucinations Hearing voices Racing thoughts Eating problems Drug use Alcohol use Pregnancy Abortion Legal matters Work stress Career choices Indecisiveness Addiction Desire for growth Spiritual problems

Please describe why you are coming to counseling (i.e. issues, problems, personal growth):
What do you hope to gain or change by coming to counseling?
Why have you decided to come to counseling now?
How would you describe yourself?
Please briefly describe your spiritual/religious views:
Do you regularly attend a church, synagogue, or other religious institution? □ Yes □ No If yes, where do you attend?
n yes, where do you attenu:

^{*}Note: See "Professional Disclosure Statement" and "Notice of Private Practices" for a list of policies agreed upon and signatures.