Form: CII

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Solutions For Life, Inc.

Counseling, Life Coaching, and Consulting

Helping you discover Solutions for your life one session at a time.

Client Intake Information Form

MEDICAL/PSYCHOLOGICAL HISTORY (cont.)

Have you ever been hospitalized for a mental illness, alcohol or drug dependency? ☐ No ☐ Yes If "Yes" write reason(s) and date(s) below:

_____

PROBLEM DEFINITION

What is your reason for seeking help now? _____

_____

Are any of the following conditions a problem to you or your child if (s)he is the client at this time?
(Check the ones that apply)

☐ Anxiety	☐ Self Esteem	☐ Being Bullied / Bullying
☐ Grief	☐ Substance use/abuse (self)	☐ Work problems
☐ Depression	☐ Substance use/abuse (others)	☐ Financial Stress
☐ Irrational Fears	☐ Suicidal feelings	☐ Loss of meaning in life
☐ Guilt feelings	☐ Loss of hope	☐ Loss of faith in God
☐ Stress	☐ Rage	☐ Conflicts at work
☐ Frequent worry	☐ Partner Relationship problems	☐ Hyperactivity
☐ Loneliness	☐ Sexual problems	☐ Impulse control problems
☐ Anger	☐ Relationship to parents	☐ Stress due to Caretaking
☐ Loss of work/job	☐ Relationship to adult children	☐ Other (please list below)
☐ Poor Concentration	☐ Parenting Issues	_____
☐ Racing Thoughts	☐ Coping with a divorce	_____
☐ Difficulty Sleeping	☐ Mood instability	_____
☐ Nightmares	☐ Domestic violence	_____
☐ Loss of interest in life	☐ Sexual, physical, emotional abuse (present or past)	_____
☐ Codependency		_____
☐ Flashbacks	☐ Sexual identity crisis	_____
☐ Too much energy	☐ Self Injury behaviors	_____
☐ Feels of lethargy	☐ Issues with eating	_____
☐ Loss of appetite	☐ School problems	_____

What would you like to see happen as a result of counseling? _____

_____

_____

ACKNOWLEDGEMENT *Please sign and date this document attesting that the information you have written on this form is accurate to the best of your knowledge.*

_____ _____

CLIENT'S SIGNATURE (18 and over) Today's Date

_____ _____

CLIENT'S SIGNATURE (18 and over) Today's Date