

## Adult Client Intake Information

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Baton Rouge Counseling Associates

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ May I leave a voicemail? \_\_\_\_\_

Email \_\_\_\_\_ May I email you? \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Relationship Status (Please Choose)

Single  Married  Widowed  Divorced  Separated  Remarried

Highest Level of Education (Please Choose)

Some high school  GED  High school diploma  College  Master's  Doctorate

Occupation and Place of Employment \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Phone \_\_\_\_\_ Last Exam Date \_\_\_\_\_

Medications \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Are you in good health? \_\_\_\_\_

Have you seen a counselor before, if so who? \_\_\_\_\_

What was the outcome? \_\_\_\_\_

Do you see a psychiatrist, if so who? \_\_\_\_\_

Family history of mental illness \_\_\_\_\_

\_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Do you attend church, if so where? \_\_\_\_\_

Please describe importance religion/spirituality plays in your life. \_\_\_\_\_

\_\_\_\_\_

Please state who lives in your home (names, ages, relationship).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Presenting problem you are seeking counseling services for. \_\_\_\_\_

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What is your desired goal for counseling? \_\_\_\_\_

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What are your hobbies/avocations? \_\_\_\_\_

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Is there any other information you would like to include? \_\_\_\_\_

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How did you hear about BRCA? \_\_\_\_\_

Please check all that apply to you.

- |   |   |
|---|---|
| <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Identity issues      |
| <input type="checkbox"/> Depression                 | <input type="checkbox"/> Self Esteem problems |
| <input type="checkbox"/> Changes in sleeping habits | <input type="checkbox"/> Familial stressors   |
| <input type="checkbox"/> Changes in eating habits   | <input type="checkbox"/> Trauma               |
| <input type="checkbox"/> Irritability               | <input type="checkbox"/> Abuse                |
| <input type="checkbox"/> Mood swings                | <input type="checkbox"/> Substance abuse      |
| <input type="checkbox"/> Communication issues       | <input type="checkbox"/> Suicidal thoughts    |
| <input type="checkbox"/> Relationship problems      | <input type="checkbox"/> Social stressors     |
| <input type="checkbox"/> Work related issues        | <input type="checkbox"/> Educational problems |
| <input type="checkbox"/> Rape                       | <input type="checkbox"/> Other                |