

## Individual Client Intake Form (please complete all pages)

### BACKGROUND INFORMATION

Client Name: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ SSN: \_\_\_\_\_

Client Age: \_\_\_\_\_ Client Sex: \_\_\_\_\_ Client Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone (optional): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

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

If under the care of a physician, it is recommended for your overall health and treatment that counselors speak to your doctor. Would you be willing to sign a release of information for us to speak with your doctor? Yes No

Are you currently or have you ever received counseling? Yes No

Have you had any previous diagnosis? Yes No

If yes, please state when and with whom? \_\_\_\_\_

#### Presently Living with:

Parents \_\_\_\_\_  
Spouse \_\_\_\_\_  
Roommate \_\_\_\_\_  
Alone \_\_\_\_\_  
Other \_\_\_\_\_

#### Marital Status:

Single \_\_\_\_\_  
Married \_\_\_\_\_  
Separated \_\_\_\_\_  
Divorced \_\_\_\_\_  
Widowed \_\_\_\_\_  
Other \_\_\_\_\_

#### Highest Education Completed:

Elementary School \_\_\_\_\_  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Graduate School \_\_\_\_\_  
Professional School \_\_\_\_\_  
Other \_\_\_\_\_

If married, years of marriage: \_\_\_\_\_ Age when married: \_\_\_\_\_ Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

### FAMILY MEMBERS

Relation	Name	Age	Occupation or Grade Level	√ if living with you
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Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Sibling: \_\_\_\_\_

Sibling: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Have there been any significant family events in the last year (i.e. death, serious illness, divorce, marriage, job change, domestic abuse, traumatic events, etc.)?

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**HEALTH INFORMATION**

Rate your health: Very Good \_\_\_ Good \_\_\_ Average \_\_\_ Declining \_\_\_

Recent weight change: Lost \_\_\_\_\_ Gained \_\_\_\_\_

List all present and past illnesses, injuries, or handicaps that have required medication or physical care (Please place a check next to any that you are currently experiencing):

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Medication(s) currently using:

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Medication(s) allergies \_\_\_\_\_

Food allergies \_\_\_\_\_

**RELIGIOUS BACKGROUND (Optional)**

Religious preference: \_\_\_\_\_

Religious Place of Attendance: \_\_\_\_\_ Active Member: Yes No

Does your spouse and/or family share the same or similar religious preference? Yes No

Any religious/spiritual concerns? Yes No

Explain any recent changes or challenges in your spiritual life:

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**OTHER INFORMATION**

Do you have insurance? Yes No

Name of insurance company? \_\_\_\_\_

Insurance ID \_\_\_\_\_ Group ID \_\_\_\_\_



**What do you hope will change as a result of coming to counseling?**

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Please note that by signing below you are recognizing that the above information is as accurate and current as possible. You have received a copy of your rights, and consent to treatment by Higher Ground Life Services, Inc.

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

## **CANCELLATION POLICY**

At least 24-hour notice is required for session cancellation. The first failure to provide 24-hour cancellation notice will result in a \$20.00 charge. Each subsequent failure to provide 24-hour cancellation notice will result in a \$40.00 charge.

Please note, you are responsible for late cancellation fees, insurance companies do not normally cover them. If you're more than 10 minutes late, your session may have to be re-scheduled and you will be charged according to the \$20.00 or \$40.00 policy for late cancellations. If the session doesn't have to be re-scheduled, it will end at the originally scheduled time and you will be charged the full fee.

Our goal is to help people heal.  
Your faithfulness in keeping appointments allows us  
to better assist you.

Higher Ground Life Services, Inc. is a charitable, non-profit organization doing business as Higher Ground Counseling.