# Peaceful Path Counseling, LLC
# Amy Kay, LPC

INTAKE QUESTIONNAIRE
*Revision VII, Effective January 15, 2015*

## INFORMATION

I would like to gather some background information from you before we begin working together. Your completion of this will help me better understand your situation. If you are a parent/guardian filling this out for a minor, please answer all of the questions from the minor's perspective. Please note, you will need to fill out a new intake questionnaire form every two years. Minors will need to fill out one when they become an adult, thus becoming responsible for their own sessions. Thank you for taking the time to complete this confidential questionnaire.

## CONTACT

Today's Date: ______________________________

Client Name: ______________________________

Date of Birth: ____________________ Age: ____________________ M F

Address: ______________________________________________

Home Phone: ____________________ May I call this number? Y N May I leave a message? Y N

Work Phone: ____________________ May I call this number? Y N May I leave a message? Y N

Cell Phone: ____________________ May I call this number? Y N May I leave a message? Y N

Email: ____________________ May I email/text a generic reminder 48 hours before an appointment? Y N

What is your preferred means of communication? CALL EMAIL TEXT

Please note, email/text is not a safe or secure way to relay confidential information.

Emergency Contact: ______________________________

Relationship: ____________________ Phone: ____________________

I will only contact this person if I believe it is a life threatening situation.

## INSURANCE

☐ No, I do not wish to utilize my insurance/EAP as I wish to pay out-of-pocket.

☐ Yes, I wish to utilize my insurance/EAP (please note, EAP sessions have an expiration date).

____________ is my allotted sessions.

____________ is my authorization number.

____________ is my copay/coinsurance/behavioral health deductible amount.

Person Responsible for Bill: ______________________________ Relationship: __________

Name of Insured: ______________________________ DOB/SS: __________

Address: ______________________________ Phone: __________

Employer: ______________________________ Job Title: __________

Insurance/EAP Provider: ______________________________ Phone: __________

Subscriber ID: ____________________ Group Number: ____________________

EMPLOYMENT

Are you employed? Y N

If yes, are you considered full time? Y N

Employer: ____________________ Job Title: ____________________

Address: ____________________ Phone: ____________________

What is your household's gross annual income?

☐ $0-$25k ☐ $25k-$50k ☐ $50k-$75k ☐ $75k-$100k ☐ $100k-$125k ☐ $125k-$150k

☐ $150k-$175k ☐ $175k-$200k ☐ $200k-$225k ☐ $225k-$250k ☐ $250k-up

EDUCATION

What is your highest level of education?

☐ Some High School ☐ High School ☐ GED ☐ Certification/Trade School ☐ Associates ☐ Some College ☐ College ☐ Graduate

Are you currently a student? Y N

If yes, are you considered full time? Y N

What year are you currently enrolled in?

☐ Middle School ☐ High School ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student

DEMOGRAPHICS

What is your relationship status?

☐ Single ☐ Engaged ☐ Domestic Partnership ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed

Who are you currently living with?

☐ Alone ☐ Roommate ☐ Family ☐ Other: ____________________

Please list their name/relationship to you: ____________________

How long have you been together and what is your relationship like?____________________

What is your relationship like with your family of origin? ____________________

Are you currently involved in a divorce and/or child custody proceeding? Y N

If yes, what are the current living arrangements? ____________________

Do you have a religious affiliation? Y N

If yes, what is your religious preference? ____________________

To what extent does your religious preference play a role in your life?

☐ Very Important ☐ Important ☐ Neutral ☐ Unimportant ☐ Very unimportant

Have you ever been, or are you currently, enlisted in a branch of the US military? Y N

If yes, in what capacity have you served? ____________________

Do you have, or do you identify yourself as having, a disability? Y N

If yes, what is your disability? ____________________

# Peaceful Path Counseling, LLC
# Amy Kay, LPC

MEDICAL

Primary Care Physician: ________________________________ Phone: ________________________

Referring Physician if different: __________________________ Phone: ________________________

Are you currently taking any prescription medication for health concerns? Y N

If yes, please list the names and reasons: __________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

PREVIOUS COUNSELING

Have you received counseling before? Y N

If yes, who did you see? ________________________________________________________________

What was the reason? __________________________________________________________________

When did you see them? ________________________________________________________________

Are you currently seeing a Psychiatrist? Y N

If yes, who are you seeing? ______________________________________________________________

What is their contact information? ________________________________________________________

Are you currently taking any prescription medication for mental health concerns? Y N

If yes, please list the names and reasons: __________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Have you ever experienced any of the following?

- ☐ Been hospitalized for mental health concerns
- ☐ Received treatment for alcohol or drug use
- ☐ Purposely injured yourself without suicidal intent (ex: cutting, hitting, burning, hair pulling, etc.)
- ☐ Seriously considered attempting suicide
- ☐ Made a suicide attempt (If yes, how many times? _________)
- ☐ Seriously considered injuring another person
- ☐ Intentionally physically harmed another person
- ☐ Been harassed, controlled, and/or abused by another person (i.e. friend, family member, partner, authority figure)
- ☐ Had a traumatic event that caused you to feel intense fear, helplessness, or horror
- ☐ Had an unwanted sexual contact or experience
- ☐ Been prosecuted for criminal activity
- ☐ Felt you had an eating problem

# Peaceful Path Counseling, LLC
# Amy Kay, LPC

PRESENT CONCERNS

Have you experienced any of the following in the last year?

- ☐ Adoption/Childbirth
- ☐ Alcohol/Drug Use
- ☐ Anger/Temper
- ☐ Anxiety/Nervousness
- ☐ Appetite/Weight Changes
- ☐ Bowel/Stomach Troubles
- ☐ Career Changes/Choices
- ☐ Concentration Problems
- ☐ Crying Uncontrollably
- ☐ Cultural Adjustment
- ☐ Death/Illness of a Loved One
- ☐ Depression
- ☐ Discrimination/Oppression
- ☐ Divorce/Separation
- ☐ Eating Disorder/Body Image Concerns
- ☐ Family/Marital Problems
- ☐ Fatigue
- ☐ Fears/Phobias
- ☐ Fertility Concerns
- ☐ Finance Concerns
- ☐ Flashbacks
- ☐ Gambling Concerns
- ☐ Guilty Feelings
- ☐ Hallucinations
- ☐ Headache Troubles
- ☐ Identity Concerns
- ☐ Internet/Phone/Social Media/TV Addiction
- ☐ Isolation/Loneliness
- ☐ Legal Concerns
- ☐ Menopause/Pregnancy
- ☐ Move/Relocation
- ☐ Numbness Inside
- ☐ Obsessions/Compulsions
- ☐ Other: ______________________
- ☐ Parenting Concerns
- ☐ Perfectionism
- ☐ Physical Health Concerns
- ☐ Racing Thoughts
- ☐ Relationship Concerns
- ☐ Religious/Spiritual Concerns
- ☐ Remarriage
- ☐ Self-Esteem/Inferiority Concerns
- ☐ Self-Harm/Self-Mutilation
- ☐ Sexual Assault/Trauma
- ☐ Sexual Problems
- ☐ Shyness/Social Discomfort
- ☐ Sleep Concerns
- ☐ Suicidal Thoughts
- ☐ Support System Problems
- ☐ Traumatic Event
- ☐ Work/School Concerns/Stress
- ☐ Worried Someone Wanted to Hurt You

Please state the reasons and concerns for which you are currently seeking counseling:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

How long have you had these concerns?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

What are your goals and hopes for counseling?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Is there anything I did not ask that you think I should know?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

REFERRAL

How did you hear about Peaceful Path Counseling, LLC and/or Amy Kay, LPC?

☐ Insurance/EAP Provider

☐ Open Path Psychotherapy Collective

☐ Psychology Today

☐ Internet Search

☐ Word of Mouth

☐ Another Client

☐ Another Professional: ______________________________

☐ Other: ____________________________________

May I thank this person for the referral? Y N