

Client Intake Form

Your Name: _____ Date: _____

Address: _____ City: _____ Post code: _____

Home #: _____ Mobile #: _____ Email: _____

Best way to reach you? Home ph / Mobile / SMS / Email Days/times: _____

Age: _____ Gender: M / F CPR #: _____

Ethnicity/Culture: _____ Religion: _____ Refugee? Y / N

Country of origin: _____ How long have you been in Denmark? _____

Working? Y / N / Unemployed / Student / Retired How long? _____

What is your current job/ past job? _____ Hours work/week _____

Having work problems? Y / N Describe: _____

Relationship status _____ Partners name _____ Number of kids _____

Relationship history: _____

Describe any current problems in relationship: _____

Who lives in your home? _____

Emergency contact person _____ Phone _____

Any major medical conditions? _____

Any psychiatric conditions? _____

Taking any medicine for these conditions? Y / N Reason: _____

Are there any mental health concerns or substance abuse in your family? If yes, please describe:

Have you received psychotherapy/counseling for emotional or psychological problems? Y / N

When? _____ For what? _____

Where? _____ For how long? _____

Outcome of treatment: _____

Ever hospitalized for psychological problems? Y / N When? _____

Where? _____ For what? _____

Outcome of treatment: _____

Have you ever seriously considered suicide? Y / N Are you having present thoughts? Y / N

Describe: _____

Have you had previous suicide attempts? Y / N Describe: _____

Have you ever been abused: physically, emotionally, or sexually? Y / N When? _____

Describe situation: _____

How much do you drink Daily? _____ What do you typically drink? _____

Is it creating problems for you? Y / N Do you use alcohol to deal/avoid your problems? Y / N

How much do you use drugs Daily? _____ What do you use? _____

Is it creating problems for you? Y / N Do you use drugs to deal/avoid your problems? Y / N

Please briefly describe the reasons you have come in for treatment:

Is there anything else that is important for you to share about your life or circumstances which might be helpful for treatment?

What do you hope will change in your life with the help of counseling?

How did you find out about us? Friend / Family/ Website / Facebook/ Business Card/ Brochure / Presentation / Other: _____ / Referred by: _____

Were we easy to find? Y / N Reason: _____

Have any suggestions on how we might improve our site/ access to services/ ideas for treatment?

Thank you for your feedback.