

**MARC WEISBURG, LPCMH, CAADC**

**Welcome.** I look forward to providing you with excellent and efficient counseling services. Please take a few minutes to fill out this form. The information will help me better understand your situation as well as potential solutions in helping you get your life back on track. Please note: the information is confidential and will not be released to anyone without your written permission.

**Today's Date** (Intake Date): \_\_\_\_\_

**Type of services being sought: (Check all that apply)**

\_\_\_\_ Individual Adult    \_\_\_\_ Individual Child    \_\_\_\_ Relationship    \_\_\_\_ Family

**Referral Source:** \_\_\_\_ Insurance    \_\_\_\_ School    \_\_\_\_ Friend    \_\_\_\_ Ad    \_\_\_\_ Court/Probation  
\_\_\_\_ Other: \_\_\_\_\_

**Name** of person filling out application: \_\_\_\_\_

Name of Primary Patient (if different): \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_ Messages: \_\_\_\_ Okay voicemail \_\_\_\_ Okay other person \_\_\_\_ No messages

Home \_\_\_\_\_ Phone: \_\_\_\_\_ Messages: \_\_\_\_ Okay voicemail \_\_\_\_ Okay other person  
\_\_\_\_ No \_\_\_\_\_ messages

Work \_\_\_\_\_ Phone: \_\_\_\_\_ Messages: \_\_\_\_ Okay voicemail \_\_\_\_ Okay other person \_\_\_\_ No messages

Other Phone: \_\_\_\_\_ Messages: \_\_\_\_ Okay voicemail \_\_\_\_ Okay other person \_\_\_\_ No messages

May I send material/information to your home? \_\_\_\_ Yes \_\_\_\_ No

**Second Household (if applicable)**

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

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

Phone: \_\_\_\_\_ Messages: \_\_\_\_ Okay voicemail  
\_\_\_\_ Okay other person \_\_\_\_ No messages

May I send material/information to this address? \_\_\_\_ Yes \_\_\_\_ No

Names of individuals living in the primary household (Please check those who are attending counseling)

Name	Relation	Birth date	Employment/ School & Grade	Ethnicity

Sources of Stress

What are the primary concerns for which you are seeking treatment?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What is the most important thing you think I should know about these concerns?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mental Health and Social History

Has you/anyone in the family attended therapy previously or are currently in treatment?  No  
 Yes If yes, please indicate:

<i>Name</i>	<i>Type of problem/condition</i>	<i>Therapist/Program</i>	<i>Dates of service</i>
-------------	----------------------------------	--------------------------	-------------------------

---

---

---

Has anyone in the family had suicidal thoughts/attempts recently or in the past?

\_\_\_\_ No      \_\_\_\_ Yes If yes, please indicate:

*Name*                      *Type of problem/condition*                      *Dates of treatment (if applicable)*

---

---

---

---

---

Has anyone in the family been a *victim* or *perpetrator* of child abuse (physical, sexual, emotional, neglect), domestic violence, rape or other violent act?

\_\_\_\_ No      \_\_\_\_ Yes If yes, please indicate:

*Name*                      *Description of Abuse/Trauma*

---

---

---

---

---

---

---

---

Legal History

Has anyone in the family been involved with the legal system (probation, parole, jail, prison, DUI)?

\_\_\_\_ No      \_\_\_\_ Yes If yes, please indicate:

*Name*                      *Reason*                      *Outcome*

---

---

---

---

---

Medical History

Physician(s) currently treating self/family members: \_\_\_\_\_

Is anyone in the family being treated for a medical problem(s) and/or disability?

*Name*

*Briefly Describe*

---

---

---

---

---

Current Medications (for primary patient):

*Name*

*Medication/Dosage*

*Start Date*

*Prescribing Physician*

---

---

---

---

---

---

Religious and Cultural Background

Cultural Background: \_\_\_\_\_

*Religion:* \_\_\_ Catholic \_\_\_ Protestant: \_\_\_ Jewish \_\_\_ Mormon \_\_\_ Buddhist \_\_\_ Muslim  
\_\_\_ Spiritual but not religious \_\_\_ Quaker \_\_\_ Other: \_\_\_\_\_

Importance of religion to you/your family:

\_\_\_\_ Not Important \_\_\_\_ Somewhat important \_\_\_\_ Very Important

\_\_\_\_ **Personal and Family Strengths and Resources** \_\_\_\_

List the people, activities, groups and hobbies that are supportive to you/your family:

---

---

---

**Struggles:** Is anyone in the family struggling with the following? Check all that apply; circle primary concern(s)

- |                              |                                  |                               |
|------------------------------|----------------------------------|-------------------------------|
| ____ Parent/child conflict   | ____ Partner violence/abuse      | <b>Complete for children</b>  |
| ____ Couple concerns         | ____ Sexual abuse/rape           | ____ School failure           |
| ____ Anger issues            | ____ Alcohol/drug concerns       | ____ Truancy runaway          |
| ____ Depression/hopelessness | ____ Loss/grief                  | ____ Fighting w/peers         |
| ____ Anxiety/worry           | ____ Legal issues                | ____ Hyperactivity            |
| ____ Communication problems  | ____ Eating problems             | ____ Wetting/soiling clothing |
| ____ Divorce adjustment      | ____ Sexuality/intimacy concerns | ____ Isolation/withdrawal     |
| ____ Remarriage adjustment   | ____ Suicidal thoughts/attempts  | ____ Child abuse/neglect      |
| ____ Job problems/unemployed | ____ Major life changes          | ____ Other: _____             |

Please indicate the strengths that you and others in your family have (write in names below).

- |   |   |
|---|---|
| ____ Willing to seek help                                   | ____ Copes well with disappointment             |
| ____ Gets along well with other family members              | ____ Uses anger constructively                  |
| ____ Physically healthy                                     | ____ Thinks before he/she acts                  |
| ____ Generally liked and respected at work/school           | ____ Feels good about who he/she is             |
| ____ A hard worker  | ____ Makes friends easily and is kind to others |
| ____ Has family members or friends who are supportive       | ____ Stands up for him/herself                  |
| ____ Follows through on tasks                               | ____ Able to compromise                         |
| ____ Has a spiritual practice that helps in difficult times | ____ Other: _____                               |

**What are Your Goals for Counseling?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Thank you for taking the time to complete this form! This information will help us understand your situation better and will allow us to assist you in reaching your goals as quickly as possible.**