Micah Counseling Services

Counseling – Coaching – Consulting

Client Intake Form

Date: _____

Basic Information – Please Print

Name: Last _____ First: _____ MI: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Responsible Party (if different than above)

Name: Last _____ First: _____ MI: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Leave Message? ___ Yes ___ No
Work Phone: _____ Leave Message? ___ Yes ___ No
Cell Phone: _____ Leave Message? ___ Yes ___ No
Email Address: _____

DOB: _____ / _____ / _____ Age: _____ ___ Male ___ Female ___ Other SSN: _____ - _____ - _____

Emergency Contact: _____ Telephone: _____
Relationship to You: _____

Marital Status: ___ Single ___ Married/Partnered ___ Separated ___ Divorced ___ Widowed

Spouse/Partner's Name: _____ Number of years together: _____

Religious/Spiritual/Other Preference:
_____

Referred by: _____ May we thank the person? ___ Yes ___ No

Counseling / Coaching Concerns

Briefly describe why you are seeking counseling currently?

_____

_____

_____

What would you like to see happen because of counseling / coaching?

_____

_____

How would you rate your family relationships? Poor Distance Close

Medical and Psychological History

Physician's Name: _____ Physician's Phone: _____
Date of last physical: _____
List physical illnesses or symptoms: ___ Check if none

_____
_____

Current Medication Dosage Frequency Prescribing MD
_____
_____

Psychiatrist's Name: _____ Psychiatrist's Phone: _____

Have you been in counseling before? Yes ___ No ____ If yes, when? _____ With whom? _____

If applicable, what was your experience in counseling?
_____
_____

How many days per week do you exercise? 1-2 3-4 5 or more

How would you rate your diet? Poor Balanced

Please check the following you use as well as note the amount and frequency:

___ Caffeine: _____ ___ Tobacco: _____
___ Alcohol: _____ ___ Marijuana: _____
___ Cocaine, Crack: _____ ___ Other: _____

Have you ever had a DUI? ___ Yes ___ No If yes, how many? _____ When? _____

Services are Provided on a Fee-For-Service Basis

We do not accept health insurance. If applicable, Health Savings Accounts (HSA) and Flex Spending Accounts (FSA) can be used to pay for services.

Would you like to join our email list for upcoming workshops or groups? ___ Yes ___ No

For up-to-date resources, visit our website: www.micahcounseling.com/resources.

(The Information in this form will be kept strictly confidential)