



INITIAL INTAKE FORM

Name \_\_\_\_\_

**Directions: Please answer the following questions from your perspective.**

1. What is the reason that brought you to GHC?

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2. What concerns are you here to discuss with counselor? Please explain what it is and why.

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3. How did you learn about GHC?

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**Directions: Listed below are possible concerns you and/or your family may have. Please rate each according to your degree of concern by circling the number.**

Suicide potential. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Depression level. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Alcohol/Drug use. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Family/Relationship concerns. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Abuse/Violence. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)

Eating disorder. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Anxiety/worries. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Other problem/behavior. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)

**Directions: Please answer the following questions from your perspective.**

Are there any issues that you believe are the source of or contribute to these concerns?

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What is the main goal or need you have for coming to therapy?

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What are your ideas on how that goal can be accomplished?

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What things do you feel are going well for you and/or your family right now?

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Is there anything else you think is important for your therapist to know right now?

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