



# Client Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

May I leave you a message? Home Phone \_\_\_ Cell Phone \_\_\_ E-Mail \_\_\_ Text \_\_\_

## Medical History

Name of Primary Care Physician \_\_\_\_\_

Physician Address \_\_\_\_\_ Telephone \_\_\_\_\_

Many managed care organizations require that we have interaction with the client's physician to coordinate care. Do we have your permission to discuss your care with the above listed physician?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please sign here for either answer \_\_\_\_\_

Current medications:

1) \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

2) \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

3) \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

4) \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

Prescribed by \_\_\_\_\_

Have you ever been hospitalized for medical or psychiatric reasons? Yes \_\_\_ No \_\_\_

Hospital	Month/Year	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical History Continued:**

Do you drink alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of alcohol	How Much	How Often
_____	_____	_____

Do you currently use recreational drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you used recreational drugs in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when did you stop? \_\_\_\_\_

Type of Drug	How Much	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you smoke cigarettes or use other tobacco products? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type and amount \_\_\_\_\_

Do you gamble? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any important medical history, chronic ailments, or other health problems you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any other health problems, psychiatric conditions, or important medical history of your immediate family or close relatives:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Social History

Who may I contact in case of emergency?

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Did you experience any developmental, academic, or behavioral problems as a child?

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

\_\_\_\_\_

What was the last year of school you completed? \_\_\_\_\_ If you did not complete high school

please explain: \_\_\_\_\_

How would you describe your current support network, i.e., friends, relatives, etc.: \_\_\_\_\_

\_\_\_\_\_

Please check all information which applies to your biological parents:

Mother	_____ living	Father	_____ living
	_____ deceased		_____ deceased
	_____ married		_____ married
	_____ divorced		_____ divorced
	_____ remarried _____ # times		_____ remarried _____ # times

Do you consider someone else (step-parent, grandparent, etc.) to be your "real" parent? If so, please explain: \_\_\_\_\_

Describe your relationship with your mother while growing up: \_\_\_\_\_

Currently: \_\_\_\_\_

\_\_\_\_\_

**Social History Continued:**

Describe your relationship with your father growing up: \_\_\_\_\_

Currently: \_\_\_\_\_

Describe any family problems which occurred while growing up related to alcohol/drug abuse or problem gambling: \_\_\_\_\_

Physical / sexual / or emotional abuse: \_\_\_\_\_

Please list the names and ages of your siblings.

Name	Age	Relationship (natural, step, half, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Marital History**

Marital Status: \_\_\_single/never married \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed  
\_\_\_ Living with someone

If currently married, how long? \_\_\_\_\_ If living with someone, how long? \_\_\_\_\_

Do you have previous marriages? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Marital History Continued:**

Please list your children:

Name	Age	Relationship (biological / step)	Lives with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Mental Status**

Please check any of the following that describe how you have been feeling lately:

- sad  anxious  depressed  frightened  guilty  angry  ashamed  aggressive
- resentful  worthless  tearful  irritable  confused  extreme ups and downs
- jealous  hopeless  helpless

Describe any other feelings you have: \_\_\_\_\_  
\_\_\_\_\_

Have you had any change in sleeping habits?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have you had a change in eating habits?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever considered suicide in connection with your current problem?  Yes  No  
If yes, is it just an idea, or have you made a plan on how to kill yourself?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you ever considered suicide in the past?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Mental Status Continued:**

Have you attempted suicide recently or in the past?  Yes  No If yes, please briefly explain with dates: \_\_\_\_\_

Have you had any homicidal thoughts recently or in the past?  Yes  No If yes, please explain the circumstances: \_\_\_\_\_

**Level of Functioning**

List or describe any current impediments or problems in daily psychological, social or occupational functioning (i.e. isolation from friends/family, significant difficulty getting to work or completing daily tasks, severe financial strain, recent divorce, and problems with supervisor, etc.): \_\_\_\_\_

**Thoughts**

Please check any of the following that apply to me:

I sometimes hear voices even though no one nearby is talking to me.

I sometimes feel forces outside of me control me.

I sometimes feel other people control my thoughts.

I sometimes have the same thought over and over and cannot control it.

I sometimes feel someone is out to hurt me or do something against me.

I sometimes cannot control my behavior. Please explain: \_\_\_\_\_

Is there any other information regarding you or your family that you would like to share with your Therapist that is not covered on this form? You may also use this space to complete earlier responses.

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Please list your goals in therapy:

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Thank You!

Please sign and date:

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Signature

Date

## JAMES FAUST & ASSOCIATES • PLLC

**Please complete this page if you are using your insurance to pay for counseling.**

Primary Insurance	Secondary Insurance
Name of Ins. Co.:	Name of Ins. Co.:
Insurance Phone #	Insurance Phone #
Insured's Name (on card):	Insured's Name (on card):
Insured's ID No.:	Insured's ID No.:
Insured's DOB:	Insured's DOB:
Group or Policy No:	Group or Policy No:
Plan or Program Name:	Plan or Program Name:
Insurance Billing Address:	Insurance Billing Address:
Effective Date:	Effective Date:
Deductible:	Deductible:
Insurance Coverage:	Insurance Coverage:
Co-Pay or Co-Ins.:	Co-Pay or Co-Ins.:
Allowed # of Visits:	Allowed # of Visits:
Date verified / Name of Person:	Date verified / Name of Person:
Referral Required?	Referral Required?
Phone # for referral:	Phone # for referral:

**By my signature below I accept assignment of insurance payments for services rendered.**

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Your Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

## Locke-Wallace Marital Adjustment Test

1. Circle the dot on the scale line that best describes the degree of happiness, everything considered, of your present marriage. The middle point "happy" represents the degree of happiness that most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage and, on the other, to those few who experience extreme joy or felicity in marriage.

Very Unhappy \_\_\_\_\_ Happy \_\_\_\_\_ Perfectly Happy \_\_\_\_\_

State the approximate extent of agreement or disagreement between you and your mate on the following items. Please check **each** column.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
2. Handling Family Finances						
3. Matters of Recreation						
4. Demonstrations of Affection						
5. Friends						
6. Sex Relations						
7. Conventionality (right, good, or proper conduct)						
8. Philosophy of Life						
9. Ways of Dealing with In-laws						

**For each of the following items, check one response:**

10. When disagreements arise, they usually result in  
 (a) husband giving in \_\_\_ (b) wife giving in \_\_\_ (c) agreement by mutual give and take \_\_\_
11. Do you and your mate engage in outside interests together?  
 (a) all of them \_\_\_ (b) some of them \_\_\_ (c) very few of them \_\_\_ (d) none of them \_\_\_
12. In leisure time, do you generally prefer  
 (a) to be "on the go" \_\_\_ (b) to stay at home \_\_\_
13. Does your mate generally prefer  
 (a) to be "on the go" \_\_\_ (b) to stay at home \_\_\_
13. Do you ever wish you had not married?  
 (a) frequently \_\_\_ (b) occasionally \_\_\_ (c) rarely \_\_\_ (d) never \_\_\_
14. If you had your life to live over again, do you think you would  
 (a) marry the same person \_\_\_ (b) marry a different person \_\_\_ (c) not marry at all \_\_\_
15. Do you ever confide in your mate  
 (a) almost never \_\_\_ (b) rarely \_\_\_ (c) in most things \_\_\_ (d) in everything \_\_\_

Your Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

## Weiss-Cerretto Marital Status Inventory

We would like to get an idea of how your marriage stands right now. Please answer the questions below by circling TRUE or FALSE for each item with regard to how things stand right now. For items that are true, please indicate what year the item began to be true.

- |   |       |      |             |
|---|-------|------|-------------|
| 1. I have made specific plans to discuss separation or divorce with my spouse. I have considered what I would say, etc.                                   | FALSE | TRUE | Year: _____ |
| 2. I have set up an independent bank account in my name in order to protect my own interests.   | FALSE | TRUE | Year: _____ |
| 3. Thoughts of divorce occur to me very frequently, as often as once a week or more.  | FALSE | TRUE | Year: _____ |
| 4. I have suggested to my spouse that I wish to be separated, divorced, or rid of him/her.  | FALSE | TRUE | Year: _____ |
| 5. I have thought specifically about divorce or separation. I have thought about who would get the kids, how things would be divided, pros and cons, etc. | FALSE | TRUE | Year: _____ |
| 6. My spouse and I have separated. This is a [CHECK ONE:]<br><input type="checkbox"/> trial separation, or <input type="checkbox"/> legal separation.     | FALSE | TRUE | Year: _____ |
| 7. I have discussed the question of my divorce or separation with someone other than my spouse (trusted friend, psychologist, minister, etc.).            | FALSE | TRUE | Year: _____ |
| 8. I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident.                                  | FALSE | TRUE | Year: _____ |
| 9. I have discussed the issue of divorce seriously or at length with my spouse.   | FALSE | TRUE | Year: _____ |
| 10. I have filed for divorce, or we are divorced.   | FALSE | TRUE | Year: _____ |
| 11. I have made inquiries of nonprofessionals about how long it takes to get a divorce, grounds for divorce, costs involved, etc.                         | FALSE | TRUE | Year: _____ |
| 12. I have contacted a lawyer to make preliminary plans for a divorce.  | FALSE | TRUE | Year: _____ |
| 13. I have consulted a lawyer or other legal aid about the matter.  | FALSE | TRUE | Year: _____ |
| 14. I have considered divorce or separation a few times, other than during or after an argument, although only in vague terms.                            | FALSE | TRUE | Year: _____ |

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

**Waltz-Rushe-Gottman Emotional Abuse Questionnaire (EAQ)**

Place an X under the word that best describes the frequency with which each behavior occurs.

<u>Isolation Sub-scale</u>	Never	Rarely	Occasionally	Very Often
I have to do things to avoid my partner's jealousy.				
My partner tries to control who I spend my time with.				
My partner disapproves of my friends.				
My partner does not believe me when I talk about where I have been.				
My partner complains that I spend too much time with other people.				
My partner accuses me of flirting with other people.				
In social situations, my partner complains that I ignore him.				
My partner is suspicious that I am unfaithful.				
My partner acts like a detective, looking for clues that I've done something wrong.				
My partner checks up on me.				
My partner keeps me from going places I want to go.				
My partner keeps me from doing things I want to do.				
My partner says I act too seductively				
My partner keeps me from spending time at the things I enjoy.				
My partner threatens to take the car keys if I don't do as I am told.				
My partner threatens to take the money if I don't do as I am told.				
My partner threatens to take the checkbook if I don't do as I am told.				
My partner prevents me from leaving the house when I want to.				
My partner disables the phone to prevent my using it.				
My partner disables the car to prevent my using it.				
My partner threatens to pull the phone out of the wall.				
My partner forcibly tries to restrict my movements.				
My partner acts jealous.				
My partner keeps me from spending time with the people I chose.				
Total:    ___<50    ___51-67    ___>68    24	1	2	4	5

<b><u>Sexual Coercion Sub-scale</u></b>	Never	Rarely	Occasionally	Very Often	
My partner makes me engage in sexual practices I consider perverse.					
In bed my partner makes me do things I find repulsive.					
My partner is not sensitive to me during sex.					
My partner pressures me to have sex after an argument.					
My partner intentionally hurts me during sex.					
I feel pressured to have sex when I don't want to.					
Even against my will, violence is a part of our sex life.					
Total: ___ <13 ___ 14-18 ___ >19	7	1	2	4	5

<b><u>Degradation Sub-scale</u></b>	Never	Rarely	Occasionally	Very Often	
My partner tries to catch me at inconsistencies to show that I'm lying.					
My partner tries to convince other people that I'm crazy.					
My partner tells other people that there is something wrong with me.					
My partner says things to hurt me out of spite.					
My partner has told me that I am sexually unattractive.					
My partner tells me that I am sexually inadequate.					
My partner insults my religious background or beliefs.					
My partner insults my ethnic background.					
My partner insults my family.					
My partner talks me into doing things that make me feel bad.					
My partner tells me that no one else would ever want me.					
My partner humiliates me in front of others.					
My partner makes me do degrading things.					
My partner questions my sanity.					
My partner tells other people personal information or secrets about me.					
My partner swears at me.					
My partner verbally attacks my personality.					
My partner has insulted me by telling me that I am incompetent.					
My partner ridicules me.					
My partner forces me to do things that are against my values.					
My partner questions whether my love is true.					
My partner compares me unfavorably to other partners.					
My partner intentionally does things to scare me.					
My partner threatens me physically during arguments.					
My partner warns me that if I keep doing something, violence will follow.					
Our arguments escalate out of control.					
I'm worried most when my partner is quiet.					
My partner drives recklessly or too fast when he is angry.					
Total: ___ <72 ___ 73-94 ___ >95	28	1	2	4	5

<b><u>Property Damage Sub-scale</u></b>	Never	Rarely	Occasionally	Very Often
My partner threatens to hurt someone I care about.				
My partner intentionally damages things I care about.				
My partner threatens to break things that are valuable to me.				
My partner damages things in our home.				
My partner threatens to destroy my property.				
My partner does cruel things to pets.				
My partner threatens to hurt animals I care about.				
Total:    ___<14    ___15-21    ___>22	7	1	2	4
				5