

BETH A. TURNER, LCSW-R

NEW CLIENT INTAKE

Please take your time to answer the following questions to the best of your ability. The information you provide will help me get to know you better.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Phone: \_\_\_\_\_ Is it ok to leave messages? Yes or No

Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(Name) (Relationship to you) (Phone)

Have you tried counseling before? If yes, what was helpful? What didn't help? \_\_\_\_\_

Do you have any health concerns? If so, please explain what they are and how they impact your day-to-day life.

Please list all medications that you take and what you take them for: \_\_\_\_\_

As far as you know, did you start to walk, talk, and develop friends around the same time most children do? If not, please describe any complications or delays. \_\_\_\_\_

Were there any complications during pregnancy or delivery (when you were born)? If yes, please describe.

What is the highest grade you completed in school? \_\_\_\_\_

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Did you repeat any grades? If yes, what were the reasons? \_\_\_\_\_

What were/are the best things about school? \_\_\_\_\_

What were/are the worst things about school? \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

What do you like about your job? \_\_\_\_\_

What do you dislike about your job? \_\_\_\_\_

Have you ever been fired or walked out of job? If so, can you please describe the circumstances?

Are you currently dealing with any legal charges or court involvement? If yes, please describe. \_\_\_\_\_

Do you have any history of arrests, charges, or court involvement? If yes, please describe. \_\_\_\_\_

Please tell me about who you live with and any support and/or stress that comes from your household.

Do you feel that your home is a safe and stable place? If not, please describe your concerns. \_\_\_\_\_

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What stressors, changes, losses, and/or significant events have happened recently or are coming up soon? How have these impacted you? \_\_\_\_\_

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What are your hobbies/interests/favorite things to do? \_\_\_\_\_

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Have there been any changes in how often you do these things or in how enjoyable they are to you? If yes, please explain. \_\_\_\_\_

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What are your strengths/best traits/best talents? \_\_\_\_\_

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Who are your best supports? Are there any issues or conflicts in these relationships? \_\_\_\_\_

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Are you religious or spiritual in any way? What is most important for me to know about your relationship with your faith? \_\_\_\_\_

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Completed by:

Signature

Date

Reviewed by Beth A. Turner, LCSW-R

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Signature

Date