

CLIENT INFO

Date of Birth: ____/____/____ Name: _____

Preferred Name: _____ Preferred Gender Pronouns: _____

Gender: Male Female Other: _____

Address: _____ City: _____

Zip: _____ Email: _____

I would like to receive email updates from TMCC Yes No

Home #: _____ Cell #: _____

Work #: _____ Other #: _____

On what number may we leave a confidential message: Home Cell Other

Counseling I am seeking: Individual Couple Group Therapy Senior Peer

EMPLOYER & STATUS

I am self-employed I am unemployed I am retired

Company: _____

Address: _____

City: _____ Zip: _____

I am: Single Married Divorced

How many people live in your household? _____

How did you hear about us? _____

EMERGENCY CONTACT INFO

Notify: _____ Phone: _____

Relationship to client: _____

HEALTH AND MEDICAL

Primary Care

Physician: _____ Phone: _____

Psychiatrist: _____ Phone: _____

List any medical problems: _____

Please list any current medications: _____

ADDITIONAL INFO

Are you required by a court of law to receive counseling as part of a legal proceeding? Yes No

Have you obtained services from TMCC before? Yes No If yes, when?

Are you interested in group therapy? Yes No If yes, what kind?

SYMPTOM ASSESSMENT

Please give as accurate account as you can and if you have any questions or concerns, we invite you to discuss them with your intake counselor. (Check all of your concerns)

I AM EXPERIENCING...

Frequent worry or tension: Never Seldom Often Always For how long? _____

Fear of many things: Never Seldom Often Always For how long? _____

Discomfort in social situations: Never Seldom Often Always For how long? _____

Feelings of guilt: Never Seldom Often Always For how long? _____

Phobias: Never Seldom Often Always For how long? _____

Panic Attacks: Never Seldom Often Always For how long? _____

Recurring, distressing thoughts about a trauma:

Never Seldom Often Always For how long? _____

“Flashbacks” as if reliving the traumatic event:

Never Seldom Often Always For how long? _____

Avoiding people/places associated with trauma:

Never Seldom Often Always For how long? _____

Nightmares about traumatic experience:

Never Seldom Often Always For how long? _____

I AM FEELING...

Decreased interest in pleasurable activities:

Never Seldom Often Always For how long? _____

Social Isolation, Loneliness:

Never Seldom Often Always For how long? _____

Suicidal Thoughts: Never Seldom Often Always For how long? _____

Bereavement or Feelings of Loss:

Never Seldom Often Always For how long? _____

Changes in sleep (too much or not enough):

Never Seldom Often Always For how long? _____

Normal, daily tasks require more effort:

Never Seldom Often Always For how long? _____

Sad, hopeless about future: Never Seldom Often Always For how long? _____

Excessive feelings of guilt: Never Seldom Often Always For how long? _____

Low self-esteem: Never Seldom Often Always For how long? _____

I NOTICE...

I am Angry, Irritable, hostile: Never Seldom Often Always For how long? _____

I feel euphoric, energized and highly optimistic:

Never Seldom Often Always For how long? _____

I have racing thoughts: Never Seldom Often Always For how long? _____

I need less sleep than usual: Never Seldom Often Always For how long? _____

I am more talkative: Never Seldom Often Always For how long? _____

My moods fluctuate: go up and down:

Never Seldom Often Always For how long? _____

I HAVE...

Memory problems or trouble concentrating:

Never Seldom Often Always For how long? _____

Trouble explaining myself to others:

Never Seldom Often Always For how long? _____

Problems understanding what others tell me:

Never Seldom Often Always For how long? _____

Intrusive or strange thoughts:

Never Seldom Often Always For how long? _____

Obsessive Thoughts: Never Seldom Often Always For how long? _____

Been hearing voices when alone:

Never Seldom Often Always For how long? _____

Problems with my speech: Never Seldom Often Always For how long? _____

I USE THE FOLLOWING....

Alcohol: Never Seldom Often Always For how long? _____

Nicotine (Cigarettes): Never Seldom Often Always For how long? _____

Marijuana: Never Seldom Often Always For how long? _____

Cocaine: Never Seldom Often Always For how long? _____

Opiates: Never Seldom Often Always For how long? _____

Sedatives: Never Seldom Often Always For how long? _____

Hallucinogens: Never Seldom Often Always For how long? _____

Stimulants: Never Seldom Often Always For how long? _____

Methamphetamines: Never Seldom Often Always For how long? _____

MY EATING INVOLVES...

Restriction of food consumption: Yes No

Binging and Purging: Yes No

Binge Eating: Yes No

A lot of weight loss and gain: Yes No

PERSONAL AND FAMILY HISTORY

Have you or a close relative ever been hospitalized for a psychiatric illness? Yes No

Does anyone in your family have a mental illness? Yes No

Has anyone in your family every attempted or committed suicide? Yes No

Does anyone in your family have a substance abuse problem? Yes No

Have you ever been arrested? Yes No

If "yes" to any of the above, please briefly explain:
