Intentional Counseling Grand Rapids LLC
781 Kenmoor Ave SE, Suite C
Grand Rapids, MI 49546
Also known as "Counseling at Health for Life Grand Rapids"
616-200-4433.
Office Manager, Paul Krauss Paulk@healthforlifegr.com

Please complete this form to the best of your ability. Please note "NA" when an item is not applicable to you.

_____**(initials)** I am seeking counseling. (Please complete entire packet.)
_____**(initials)** I am seeking consulting services only

Date_____

A. Identification and Contact Information

Name_____ Age: _____

Birth Date: _____ /_____ /_____ Gender: ___F ___M ___ Other: _____

Sex at birth: □ Male □ Female

Address_____

City/State/Zip_____

All calls will be discreet.
Home Phone_____ May I leave a message? Y / N
Cell Phone _____May I leave a message? Y / N
Work Phone _____ May I leave a message? Y / N
E-mail _____

Relationship Status: ⌐ Single ⌐ Married ⌐ Domestic Partnership
⌐ Separated ⌐ Widowed ⌐ Divorced
Whom should I contact in an emergency?
Name_____
Relationship_____Phone_____

If Client is under 18, please circle residential status. Client lives with:
⌐ Mother and Father (in same household)
⌐ Under joint custody (separate households)
⌐ Mother (only)
⌐ Father (only)

_ Other: _____ (name and state relationship)
Please list any children/age (if Client is under 18, list siblings/ages and if living in the household):
_____

B. Referral
How did you come by my name?
_____
If applicable, who suggested that you contact me?
_____
May I have your permission to thank this person for the referral? _Yes _No
How did this person explain how I might be of help to you?
_____
_____
_____
_____

C. Main Concern:
1. Please describe the main difficulty that has brought you to see me.
(Include diagnosis if known/applicable).

2. Why now?

Check any issue that pertains to you at the present:

_ Nervousness _ Shyness _ Depression _Anger _ Fears
_ Sleep _ Friends _ Fatigue _ My thoughts _Finances _Sexual Abuse
_ Unhappiness _ Regret _ Self-esteem _ Relaxation _ Legal Matters
_ Energy _ Loneliness _ Education _ Under-eating _ Concentration
_ Ambition _ Parenthood _ My Appearance _ Children _ Life Changes _ Sexual Orientation
_ Making Decisions _ Self-Control _ Inferiority _ Bowel Troubles _ Sexual Problems
_ Alcohol Use _ Drug Use _Nightmares _ Stomach Problems _ Health Problems
_ Suicidal Thoughts _ Career Choices _ Headaches _ Physical Abuse _ Stress _ Memory _ Appetite
_ Marriage _ Work _ Overeating _ Temper _ Divorce _ Separation _ Break-up _Age _ Future
_Weight _ Life Transition _ Isolation _ Issues with Parents _Existential
_ Issues with Family Members _ Unemployment _ Medical _ Housing

Check everything that has happened to you in the past three years:

___Death of a spouse/partner ___Major illness or injury–yourself ___ Financial Problems
___Major illness or injury–family member ___Relationship Problems ___ Legal Problems
___Family Problems (Children, in-laws) ___Death of another family member
___Change of Relationship/ Marital Status ___Loss of Job ____Move to another city or state
___Other: _____

Please list any additional information that you believe may be helpful or that you want me to know:

What do others consider to be your strengths? (including interests, talents, skills and abilities, knowledge/education, friends, family, values, philosophy/spirituality, your culture/community, work, school, etc.)

D. Education, Work, Military, Hobbies

If you are attending school, where? _____
What are you studying? _____
High School degree? Y / N Year graduated_____

GED? Y / N Year obtained _____

Other education and degrees including trade schools:

School/Degree	Focus of Study	Year Completed/Graduated

Occupation: _____How Long? _____
Place of Employment: _____ How Long? _____
Address: _____ City/State: _____
Zip: _____

If not employed, how long has it been since you worked?
_____
What kind of job did you have?
_____
What caused you to stop working?
_____
What other types of work have you done in the past?
_____

Have you ever been or are you now in the military? _ Yes_ No

If so, did you see any form of combat? _ Yes _ No

What do you do in your spare time? Hobbies, interests, etc.

Activity	How often now?	How often in the past?

What are the things that make you feel good about yourself and help make your life meaningful? (Interests, skills, abilities, friends, family, values, religion/spirituality, work, school, culture/community)

E. Relationships
Please list current and past significant romantic relationships or marriages.

To Whom:	Length of Time:	Children? Age/Names:	Reason for End:

If currently in a relationship:
Briefly describe nature of relationship
_____
_____
_____
Partner's Age: _____
Religion/Spiritual Orientation, if any:_____
Education, degrees?_____
Occupation: _____

Is partner currently employed? ⌐ Yes ⌐ No
How Long? _____
Has your partner been previously married/domestic partnership? ⌐ Yes ⌐ No
Number of times: _____
How long since partner's last marriage? _____
Any Children from partner's previous marriages: _____
Ages of partner's children: _____

Describe the significant relationships you are involved in and how you feel about these people (family, friends, significant others, community relationships, work)

In general, how do you get along with others?

Which people are you most comfortable confiding in?

Do you think these people would be supportive and helpful to you at this time?

With whom are you currently living? Include pets!

Name	**Relationship**	**Age**	**How do you get along? Are they Supportive of you?**	**Use of Alcohol/Drugs Mental Illness or other problems?** (Note here if they are no longer living)

Siblings, Parents, Extended Family, Friends, Children & Step Children (not already listed)

Name	**Relationship**	**Age**	**How do you get along? Are they Supportive of you?**	**Use of Alcohol/Drugs Mental Illness or other problems?** (Note here if they are no longer living)

Where did you grow up? How was it to grow up in your family?

Are you aware of any history of mental illness in your family? Please list any applicable information:

Growing up and/ or currently describe your relationship with your mother/caretaker in three words.

Growing up and/ or currently describe your relationship with your father/caretaker in three words.

F. Risk Assessment:

Are you thinking about suicide now? _ Yes _ No
Have you thought about suicide in the past? _ Yes _ No
Have you ever attempted suicide? _ Yes _ No
Are you thinking about injuring or killing other people now? _ Yes _ No
Have you thought about homicide or severely injuring people? _ Yes _ No
Have you ever attempted assault or murder? _ Yes _ No

If yes for any of the above 6 questions, please indicate: when, why, how (how did you try to kill yourself or hurt someone else), and what happened (treatment, hospitalization, consequences, etc.)

Protective Factors (strengths that may prevent a person from harming themselves or others)
Preferred Coping Skills (Do you have any coping skills that may help you if you experience suicidal ideations?)

__ Hope/Optimism
__ Capacity for reality testing
__ Capacity for frustration tolerance
__ Children in the home
__ Sense of responsibility to family/ Social Support
__ Positive therapeutic relationship
__ Spirituality
__ Moral or religious prohibition
__ Successful past response to stress/positive coping
__ Pets in the home
__ Other (Please specify):

Do you now, or have you ever engaged in self-harm (e.g. cutting, burning, or hurting yourself in any way) or other potentially damaging or impulsive behaviors (e.g. unsafe sex practices, gambling, impulsive spending)?
_ Yes _ No

If so, please describe.
Include history, frequency, the last time you engaged in the behavior(s), and anything else you think it would be important for me to know:

Are you now, or have you ever been, the victim of any kind of abuse (emotional, physical, sexual)?
_ Yes _ No

If yes, please explain:

G. Substance Use

Do you believe you have a drug or alcohol problem?
Currently ⌐ Yes ⌐ No
In the past ⌐Yes ⌐No

1. Have you ever felt you ought to cut down on your drinking or drug use? ⌐Yes ⌐No
2. Have people annoyed you by criticizing your drinking or drug use? ⌐Yes ⌐No
3. Have you felt bad or guilty about your drinking or drug use? ⌐Yes ⌐No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? ⌐Yes ⌐No

List all tobacco, non-prescribed drugs, and alcohol, which you currently use or have used in the past (indicate frequency and amount):

Type	**First Used**	**Last Used**	**Amount/Frequency**

H. Legal

Please list and describe any arrests or legal problems:

I. Medical/Physical Information

From whom or where do you get your medical care?
Clinic/Doctor's Name _____
Address _____
When was your last physical exam? _____
Has your doctor ruled out any medical cause for the symptoms you are here about? ⌐ Yes ⌐ No

List any health problems for which you currently receive treatment:
_____
_____

List any past health problems including accidents:
_____
_____
List any non-psychiatric medications you currently take and for what reason:
_____
_____

(If you don't feel comfortable telling me this information, you are not required to)
How many pregnancies have you had? _____ Are you pregnant now? ⌐ Yes ⌐ No
Any miscarriages? ⌐ Yes ⌐ No How many?_____
Any changes in your menstrual cycle?_____

Are you sexually active? ⌐ Yes ⌐ No
Do you use birth control methods? ⌐ Yes ⌐ No
Do you practice safe sex? ⌐ Yes ⌐ No
Have you ever been concerned about your eating habits? ⌐ Yes ⌐ No
If yes, briefly describe your concerns.
_____
_____
_____
Do you exercise? ⌐ Yes ⌐ No
If yes, how often?_____
What do you do?_____
How do you sleep? Any concerns?
_____
_____
_____

J. Mental Health
Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? ⌐ Yes ⌐ No

If yes, please indicate:

When?	From Whom?		For What?	With What Results?

Do you now or have you ever taken medications for psychiatric or emotional problems?
If yes, please indicate:

When	Prescriber	Medication	For What?	Results

K. Spiritual/Religious Beliefs/ Philosophical Practices.
Please answer any or all of the following questions:

Is religion, spirituality, or holding true to a certain philosophy important to you?

Are you affiliated with any particular religion, place of worship or philosophical group?

If so, what is it?

Do you consider yourself a spiritual person?

Do you have a philosophy or mantra that helps you through life?

Additional OPTIONAL questions:

- What kinds of skills do you use to help you get through distressing times?

- How do you self-soothe? What do you do to take care of yourself? How do you relax?

- What kinds of things do you like to do to distract yourself?

- What emotions do you have trouble with?

- What kinds of skills help you manage strong emotions?

- What relationships do you struggle with?

- How do you deal with those difficult relationships?

- What kinds of skills do you use?