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INITIAL CLIENT INTAKE

IDENTIFYING INFORMATION:

Client Name: _____

Today's Date: _____

Date of Birth: _____

Gender: _____

Reason for seeking counseling at this time:

What are your spiritual beliefs, if any?

Please describe your current physical condition, amount of exercise/physical activity, illnesses, diseases, surgeries, and other relevant developmental information:

CURRENT SYMPTOMS (Check all that apply & how often you experience them):

- Compulsions _____
- Uncontrolled anger _____
- Loss of interest _____
- Easily annoyed/irritated _____
- Sleep disturbances _____
- Nightmares _____
- Weight change _____
- Change in eating behaviors _____
- Withdrawn _____
- Guilt, remorse, shame _____
- Anxiety _____
- Fearful _____
- Panic attacks _____

- Hopeless/helpless _____
- Suicidal thoughts _____
- Restless _____
- Aggression _____
- Sexually acting out _____
- Regressive/child-like behaviors _____
- Clingy _____
- Difficulty making decisions _____
- Physical complaints _____
- Difficulty concentrating _____
- Unprovoked crying _____
- Apathetic _____
- Extreme mood swings lasting for days _____
- Addictions _____
- Current medications _____

List any previous counseling and/or psychiatric hospitalizations by name, date and duration:

Give a brief description to any that apply to you:

Level of Education: _____

Academic Achievement(s): _____

School suspensions: _____

Relationships: _____

Friendships: _____

Support systems: _____

Marital history: _____

Family mental health history: _____

Physical abuse: _____

Sexual abuse: _____

Emotional abuse: _____

Neglect: _____

Current legal issues: _____

Loss or death of loved one: _____

What is contributing to your current stress?

What occupies your time? Include hobbies, interests, classes, etc.

List your strengths; things you're good at, what you like about yourself, etc.

What do you hope to achieve through counseling services?

Anything else I should know about you?
