

**RESTORING MINDS COUNSELING SERVICES INTAKE FORM**

Name:

(First): \_\_\_\_\_

(Middle Int.): \_\_\_\_\_

(Last): \_\_\_\_\_

Name of parent or guardian (if applicable): \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_

Marital status: \_\_\_\_\_

Please list children:

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you ever previously received any type of mental health service (If so, answer below):

Psychotherapy or Psychiatrist

Are you currently on medication?

Have you ever been prescribed psychiatric medication?

If so, please list:

\_\_\_\_\_

**General Health and Mental Health Information:**

How would you rate your current physical health?

Poor    Unsatisfactory    Satisfactory    Good    Very good

How would you rate your current sleeping habits?

Poor    Unsatisfactory    Satisfactory    Good    Very good

How frequently do you exercise?    1-2    3-4    5-6

Are you currently experiencing overwhelming sadness, grief or depression (If yes, please describe)?

\_\_\_\_\_

Are you currently experiencing Anxiety, Panic Attacks or any Phobias (If yes, please describe)?

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Are you currently experiencing any chronic pain (If yes, please describe)?

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How frequently do you consume alcohol a week?

None    2-3 times    4-5 times    6-7 times

How often do you engage in recreational drugs?

Daily    Weekly    Monthly    Infrequently    Never

Are you currently in a relationship? Yes or No

What significant life changes or stressful event have you experienced recently?

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**Family Mental Health History:**

Please identify below if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided below. Such as mother, father, grandparents, siblings etc.

1. Alcohol or other substance use, abuse
2. Anxiety
3. Depression
4. Domestic violence
5. Eating disorder
6. Schizophrenic
7. Bipolar Disorder
8. Other mental health illness

**Additional Information:**

1. Are you currently employed?

Indicate **Yes** or **No**

1. If yes what s current employment situation
2. Do you enjoy your work?
3. Is it stressful?