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Client Intake Form

Instructions: This confidential information is needed to begin counseling

Date: _____

Name: _____ Date of Birth: _____ Age _____

Address: _____ City: _____

State: _____ Zip: _____ Star the phone number you would like me to call you on:

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Occupation: _____ Employer: _____

Referred by/ or how did you find me: _____

If under 18, name of parent or guardian: _____

If student, name of school: _____

Military History: List branch of service and years _____

Served in combat? _____

Medical Information

Physician: _____ Phone: _____

Current medical issues: _____

Previous Medical Issues: _____

Medications/ purpose: _____

Relationship Information:

Marital Status: Single (never married) _____ Steady Partner _____ Married _____ Remarried _____

Single (divorced) _____ Separated _____ Living with Partner _____ Widowed _____

Name of Spouse/partner _____

Information about Family:

List your biological children (names and ages):

List your children: step (SC), adopted (AD), or foster (FS) with names and ages: _____

Briefly describe the situations presented below, request additional paper, if necessary.

1. Your relationship with your family (i.e., parents, siblings, spouse/partner, children, etc)

2. Your current areas of concern.

3. The outcomes you are seeking from therapy.

4. Your career history.

Are you currently satisfied with your career? Yes____ No____

5. Your relationship history

Are you in a relationship now? Yes____ No____ If so, is the relationship fulfilling?
Yes____ No ____ If no, what do you feel is lacking?

6. Your support system (i.e. friends, family, community, spirituality, etc)

Do you feel adequately supported? Yes____ No ____ if no, what do you feel is lacking?

7. What activities do you enjoy or find rejuvenating?

8. What people are or have been important resources for you?

9. We all have strengths and limitations. What are your strengths, capacities and inner qualities you feel you can rely on?

How might you describe your limitations?

What helps you through difficult times?

10. Please feel free to add any other additional information you feel would be helpful for me to know (i.e., testing of addiction, suicidal ideations or attempts, depression, anxiety, etc.)