



Group Counseling Intake Form

Group you will be attending:

Date of Group—Beginning Date: _____ Ending Date: _____

Group leader(s): _____

Today's Date: _____

PERSONAL INFORMATION

Name: _____ Today's Date: _____

Home Address: _____ (May receive mail: yes/no)

City: _____ State: _____ Zip: _____

Home Phone: _____ (May call: yes/no; May leave message: yes/no)

Work Phone: _____ (May call yes/no; May leave message: yes/no)

Cell Phone: _____ (May call yes/no; May leave message: yes/no)

Would you like to receive a discreet phone call to remind you of your appointment 24 hours in advance?

Yes No If, yes, I prefer the following telephone number to be used: Home Work Cell

Email Address: _____ (May email: yes/no)

Can we email you our newsletter or information about any upcoming seminars or workshops? (Yes /No)

Name of person(s) to contact in case of an emergency:

- 1. _____ Phone: _____
- 2. _____ Phone: _____

Briefly state your reason(s) for deciding to join this group:

MEDICAL INFORMATION

How would you rate your current physical health? Excellent Good Fair Poor

Are you currently experiencing any physical problems (e.g. headaches, body aches) Yes No

If yes, please explain:

Please list any learning disabilities:

Previous hospitalizations for medical reasons:

- Date: _____ Reason: _____
- Date: _____ Reason: _____
- Date: _____ Reason: _____

Have you ever been hospitalized for an emotional disorder, eating disorder, or chemical dependency?

No/Yes If yes, please complete the following:

Hospital Date Doctor Reason

Are you taking any medications related to your mental health?

Medicine & Dose Prescribing Doctor Reason

Have you ever: Attempted Suicide H Attempted Homicide Committed Homicide
If yes to any of the above, please briefly explain:

Who is your current individual or marriage counselor?

Name: _____ Phone: _____

How long have you been seeing this counselor?
