



Ventura Community Counseling
build a healthy relationship with the heart and mind

Adult Intake Form

Welcome to Ventura Community Counseling. Please take time to complete all pages of this form to assist us as we begin our work together. All information here is confidential and will not be released without your written approval. Thank you. PLEASE PRINT.

Basic Personal Information			
Date			
Name			
Residence Address With city, state, & zip			
Home Phone		Cell Phone	
Ok to leave a message?			
Emergency Contact: Name, Number, Relationship to You			
Email Address			
Date of Birth		Age	
Gender Identity			
Sexual Orientation			
Relationship Status			
Partner/Spouse Name			
Do you have children?			

Names, Ages	
Do you live with anyone else?	
Employer	
Occupation	
Mental Health Concerns	
What brings you to therapy at this time?	
What psychological symptoms are you experiencing?	
Do you have any physical symptoms that you think are related?	
On the worst day, how severe are your most significant symptoms? (Using a scale of 1-10, with 10 being the most severe)	
What do you think is causing these symptoms?	
Have you been in counseling before? When and for how long? Did it help?	
Have you ever been hospitalized for psychological reasons? Why, when, and for how long?	
Do you have any major medical conditions?	
Are you taking any medications? Please list names and dosages.	

Physician/Psychiatrist	
Contact Info	
Were you referred by your MD?	
Have you or anyone in your family ever experienced the following?	___ Alcohol Abuse ___ Drug Abuse ___ Gambling ___ Sex Addiction ___ Eating Disorder ___ Domestic Violence ___ Legal Problems ___ Child Protective Services Case
If yes, please explain briefly when these occurred and if/how they are a problem now.	
What do you hope to get out of therapy at this time? What are your goals?	

Trauma History and Symptom Checklist: Please check all that apply

<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Neglect <input type="checkbox"/> Serious injury or close call <input type="checkbox"/> Loss of a loved one <input type="checkbox"/> Witnessed others being harmed <input type="checkbox"/> Natural disaster <input type="checkbox"/> Chronic violence in your community <input type="checkbox"/> Feared for your life <input type="checkbox"/> Feared for the life of a loved one <input type="checkbox"/> Medical procedures or hospitalization in childhood <input type="checkbox"/> Difficult circumstances at birth (C-section, etc.) <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Other _____	<input type="checkbox"/> Sad or flat mood <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Lack of interest in what you used to enjoy <input type="checkbox"/> Poor sleep <input type="checkbox"/> Recent appetite/weight changes <input type="checkbox"/> Poor concentration/focus <input type="checkbox"/> Irritability <input type="checkbox"/> Suicidal thoughts/actions <input type="checkbox"/> Self-harming behavior <input type="checkbox"/> High risk behaviors <input type="checkbox"/> Anxious worry you can't seem to control <input type="checkbox"/> Inordinate fearfulness <input type="checkbox"/> Chronic stress <input type="checkbox"/> Self-blame, inappropriate guilt
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Client Name: _____

<input type="checkbox"/> Avoidance of people, places, situations that remind you of a troubling event	<input type="checkbox"/> Panic attacks
<input type="checkbox"/> Frequent nightmares	<input type="checkbox"/> Chronic stomach, head, back ache with no medical cause
<input type="checkbox"/> Hypervigilance, always on alert	
<input type="checkbox"/> Isolation/Withdrawal from family and/or friends	

I understand Ventura Community Counseling requires a 24-hour advance notice of cancellation. Unless it is an emergency beyond my control, I will provide 24 hours' notice or I will pay the full fee.

Signature:

Date: