



DYOS Counseling, PLLC  
Discovering Your Own Strength

**Individual Counseling Intake**

Date \_\_\_\_\_ Who referred you to DYOS Counseling PLLC? \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact \_\_\_\_\_

Ethnic group \_\_\_\_\_ Nationality \_\_\_\_\_

What is your marital status?

- Single
- Married
- Divorced
- Widow
- Widower
- Living together, not married

Working status:

- Employed
  - Studying
  - Unemployed
- Grade: \_\_\_\_\_

PRESENTING ISSUES (In client's own words, state client's reason for seeking treatment/assistance at this time)

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HISTORY OF PRESENT ISSUES: Chronological narrative describing symptoms, impairment, and other data indicative of maladaptive/compulsive behaviors. Discuss precipitating events, intensity of symptoms and duration of symptoms.

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**PHYSICAL AND MENTAL HEALTH HISTORY**

Family history of mental health/substance abuse problems (e.g. phobias, suicide, suicide attempts, psychiatric hospitalizations, manic depressive illness, schizophrenia, violence, etc). Emphasize relevant history

Yes

No

Unknown

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Have you been hospitalized for any medical or mental illness?

Yes

No

If the answer is yes, please list all the medications that were prescribed from hospitalization and describe the event, including date of the event.

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**MEDICAL HISTORY**

Currently under care of physician?

Yes

No

Date of last physical exam \_\_\_\_\_

Current medical problems? If answer is yes, describe and list medical treatment?

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Medical problems in the past? What type?

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Disabilities?(nature of disability, if applicable, and identification of related needs and special recommendations)

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**PSYCHOSOCIAL INFORMATION**

list the names of all your siblings starting with the oldest one ad ending with the youngest one.

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Family relationships.-Describe your childhood, home environment and family dynamics, including relationships with parents and how parents related to each other, violence in family, if any.

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Describe social/leisure time and stress management activities with your current family; how does family spend time together; favorite family activities.

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Resources (describe family and social support)

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Education (address status as well as success or failure)

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Cultural (address any special treatment/considerations related to cultural/racial background)

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Spiritual religious assessment ( describe your current attendance & religious affiliation. Indicate satisfaction level with spiritual involvement)

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Do you have any non-substance related addictive or compulsive behavior? (Identify gambling, eating, sex, cleaning, shopping, internet, videogames, etc.)

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**SUICIDE/HOMICIDE ASSESSMENT**

	HAVE YOU HAD? PAST		DO YOU HAVE? PRESENT	
	YES	NO	YES	NO
Suicidal/homicidal thoughts				
Suicidal/homicidal urges				
Suicidal/homicidal plans				
Prior suicide attempts				

Comments:

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**PHYSICAL/SEXUAL ABUSE ASSESSMENT**

	HAVE YOU HAD/BEEN?		DO YOU HAVE/ARE YOU BEEN?	
	PAST		PRESENT	
Physical/sexual abuse?	YES	NO	YES	NO
Physically/sexually abusive	YES	NO	YES	NO

If your answer is yes to any of the situations, please describe:

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IT IS IMPORTANT FOR YOU TO KNOW THAT YOUR COUNSELOR WILL DISCUSS THIS INFORMATION WITH YOU . YOU CAN ALSO DISCUSS OR CLARIFY THE INFORMATION YOU FEEL NEEDS A DEEPER DIALOGUE.

THANK YOU