

Geneseo Marriage and Family Counseling

<http://www.geneseocounseling.org/>

COUNSELING INTAKE FORM

Please complete to the best of your ability and email to:

drduanehalbur@geneseocounseling.org

Name _____ Age _____ Date _____

Full Address _____

Home Phone _____ Work _____

E-mail _____

How would you like to best be contacted? _____

If there is a place we can leave a message (email, cell, etc.), Please share where _____

Physical History

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? _____ Describe _____

Have you ever been hospitalized for a mental illness? _____ Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke: _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

Any Previous Therapy / Counseling? _____ If yes, describe, when, where, how long, what for...

What do you hope to achieve with therapy? _____

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/Avocations _____

Please share income *only if you would like to have reduced counseling fees* _____

Family Systems Information

Where born _____ How long there _____ Ethnicity _____

Parents: Father Alive Deceased Where residing _____

Quality of Relationship with Father _____

Mother Alive Deceased Where residing _____

Quality of Relationship with Mother _____

Marital Status _____ # of marriages _____ Spouse's name _____

Living with a partner _____ How long _____ Partner's Name _____

Children: #1 Age #2 Age #3 Age #4 Age #5 Age

Siblings: Mark your place in the family with 'm' after age. If a sibling is deceased, place 'x' after their age.

#1 Age #2 Age #3 Age #4 Age #5 Age #6 Age

Family Alcoholism or Domestic Violence? _____ Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year _____ Your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail_____

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know.

Spiritual History

Religious upbringing_____ Present Affiliation_____

Is this an important part of your life_____ Why / why not_____

Emotional Status

Are you currently experiencing strong emotions? ____ If yes, describe_____

Do you make decisions based on your emotions?_____ How well does that work for you?_____

Did you have what you would consider to be childhood or other traumas?_____ If yes, describe_____

Have you been treated for emotional disturbances?_____ If yes, when?_____

Have you had any thoughts of suicide ____ If so, when _____ Do you have any thoughts now _____

Present Situation

Please state why you decided to come for counseling/therapy

What would you like to experience that is different from what you are experiencing now_____

How long has this been a problem for you_____

Please state what you would like to work on in therapy_____

Personal Agreements

I understand that I may be asked to do certain “homework exercises” such as reading, or changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling.

I further understand that much of the work done will be to resolve issues and will depend on my honesty, and willingness to do the things I need to do to move forward even if it is painful and difficult.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to myself or others.

I understand that I will pay in full for appointments. The rate ranges from \$5 to \$80 per for a 50 minute session based on my family income and dependents.

(please sign and date)

As your therapists/counselors, you honor us by sharing your life and growth with us. We will not hide ourselves behind silence or position and will have high regard for you as a person. We will bring the best that we know from our study and experience.

You can expect truth from us even when you may not want to hear it. We will always have compassion and empathy for you in all that we do. We value you as a person in need of care. We will do our best to honor that.

**Dr. Duane Halbur, NCC, LMHC-IA, LPC-IL,
Sterling Kingery, M.A.E., NCC.**