

# Geneseo Marriage and Family Counseling

<http://www.geneseocounseling.org/>  
**COUNSELING INTAKE FORM**

*Please complete to the best of your ability and email to:*  
[counselor@geneseocounseling.org](mailto:counselor@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 \_\_\_\_\_

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If reared by someone other than your birth parents, describe the situation in some detail\_\_\_\_\_

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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\_\_\_\_\_

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

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Did you have what you would consider to be childhood or other traumas?\_\_\_\_\_ If yes, describe\_\_\_\_\_

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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

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What would you like to experience that is different from what you are experiencing now\_\_\_\_\_

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How long has this been a problem for you\_\_\_\_\_

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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.

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(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.