jennifer ritter
COUNSELING
223 N 6th Street, Suite 320 | Boise, Idaho 83702
(208) 602-5850 | jenniferritter.com
Seen by Appointment Only

INTAKE HISTORY & BACKGROUND INFORMATION

Date_____

Client Information:

Name_____DOB_____

_

Address_____

_

City_____ State _____ Zip

_____

Home Phone _____

Work Phone _____

Cell Phone _____

Please circle or asterisk your preferred telephone contact number.

May I leave a message on your preferred number, above? Yes/No

E-mail _____

Is this a private/secure e-mail account? Yes/No

Marital Status: Single, Married, Divorced, Separated, Significant Other

Employer _____ Occupation

_____

Name(s) of those living in household	Relation to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How were you referred?

_____

Have you had previous counseling? Yes / No

With Whom_____ When _____

Briefly describe the issues or difficulties for which you are seeking help:

_____

_____

Medical History Questionnaire:

Current Physical Health—On a scale of 1 (very poor) to 10 (excellent) how would you rate your present health? (circle one)

1 2 3 4 5 6 7 8 9 10

Who is your primary care physician?

_____

What prescription medications are you currently taking?

_____

What non-prescription medications are you currently taking?

_____

Please describe your alcohol consumption:

What kind_____

How frequently _____

How much _____

Has it changed recently? _____

Do you smoke? Yes / No

Do you use any other substances (e.g., marijuana)? Yes / No

Mental Health Questionnaire:

Please answer each of the questions below by circling the appropriate number appearing at the right side of the page. Each of the items should be answered according to how you currently feel, or have been feeling in the last few weeks:

	Poorly				Very Well/Good
How well are you sleeping?	1	2	3	4	5

	Low				High
How would you describe your energy level?	1	2	3	4	5
How high is your current stress level?	1	2	3	4	5

	Hopeless				Very Bright
How does your future look to you?	1	2	3	4	5
	Sad				Happy
How would you describe your recent moods?	1	2	3	4	5
	Disappointed				Satisfied
How do you generally feel about yourself?	1	2	3	4	5

Do you typically worry a great deal? Yes / No

Have you been very nervous or anxious recently? Yes / No

How would you describe your relationship with:	Poor				Excellent
Your spouse or significant other	1	2	3	4	5
Your children	1	2	3	4	5
Your extended family	1	2	3	4	5
Your friends	1	2	3	4	5

Do you have trouble concentrating? Yes / No

Do you have trouble making decisions? Yes / No

Do you have trouble remembering things? Yes / No

Who may I contact in case of emergency?

1) Name _____

Phone_____

2) Name _____

Phone_____

Is there anything else you would like for me to know about you?

_____

_____

_____

_____