

Counseling Associates, P.C.
108 West Clifford Street
Winchester, VA 22601
Ph: 540-665-1848 Fax: 540-662-2874

Please fill out completely.

Intake Information

Name _____ Soc Sec # _____

Address _____ Home phone _____

_____ Work phone _____

_____ Zip _____ Cell phone _____

Email _____ Date of Birth _____ Age _____

Employer _____ Occupation _____

Where did you grow up? _____ Education _____

Married _____ Committed relationship _____ Partner's name _____

Quality of current relationship _____ Comments _____

Children's names: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Private Physician _____ Phone _____

Referred by _____ Phone _____

Medical conditions 1. _____ Medications _____

2. _____ Medications _____

3. _____ Medications _____

Hospitalizations _____

Traumatic Injuries _____

(over)

Previous Counselor(s) and Dates : _____

Are you a Veteran? If so, when and where did you serve? _____

Were you wounded? _____

Where did you attend college or career training? _____ Focus? _____

Family Information: Number of siblings _____ Your place in the birth order _____

History of abuse or neglect? _____

Psychological issues in your family _____

Divorce, death, serious illness or other disruptive events in your family of origin? Please describe:

Trauma or traumatic events at any time in your life? Please describe: _____

Use of alcohol /drugs in your family, including yourself? _____

History of Substance Abuse treatment? _____

Religious/Spiritual Affiliation? _____

What led you to seek counseling? _____

Any additional information that is important to your situation: _____

Emergency Contact: _____ Phone _____