CONFIDENTIAL INTAKE INFORMATION
Guy Ilagan, Ph.D.

Last name	First	MI	Preferred name (if different)

Local address	City	State	Zip

☐ Email	☐ Cell phone number	☑ *Indicate the best ways to contact you.*

Age	Birth Date	☐ Male ☐ Female	Relationship Status: ☐ Single ☐ Dating ☐ Living Together ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Race/Ethnicity:

Employment:	☐ Full-time ☐ Part-time	# Hours employed	Total Salary:
Employment:	☐ Full-time ☐ Part-time	# Hours employed	☐ Month ☐ Year

Contact In Case of Emergency* Name: Relationship: Phone:	Health insurance company: Policy number:

** This persons will be contacted only with your permission, or in case of emergency, such as an imminent risk of suicide or violence.*

Have you ever had psychological counseling? ☐ No ☐ Yes If yes, with whom & when?
If yes, was it helpful ☐ No ☐ Yes

Do you have any medical problems? ☐ No ☐ Yes If yes, describe:

Are you aware of any major concerns from childhood, e.g. trauma, serious illness, birth complications, extended separation from a caregiver, etc.? ☐ No ☐ Yes If yes, describe:

Do you consume alcohol? ☐ No ☐ Yes If yes, how many drinks weekly?

Do you use recreational drugs? ☐ No ☐ Yes If yes, what?

How often daily do you use each drug?

Are you currently taking any medications or supplements? ☐ No ☐ Yes If yes, describe?

Do you have ADD/ADHD, a learning disorder, or other disability? ☐ No ☐ Yes If yes, describe:

Are you currently involved in any legal/court processes? ☐ No ☐ Yes Explain:

Have you experienced thoughts of suicide or violence now or within the past two weeks? ☐ No ☐ Yes

Have you been hospitalized for a suicide attempt, drug or alcohol problem, or emotional problem? ☐ No ☐ Yes

Please briefly describe the reason(s) you are here today?

On a scale of one to ten, circle the number that best represents your level of **distress** during the past week. *(1 would mean not at all, 10 would represent feeling extremely distressed and/or agitated all the time)*

1 2 3 4 5 6 7 8 9 10 Stress Level

Which one of the following statements most accurately characterizes you?

☐ As far as I'm concerned, I do not have any problems that I need to change.
☐ I might have some problems and am considering beginning to work on them.
☐ I am ready to put an action plan together and make some changes in the next few days.
☐ I am currently taking steps to overcome the problems that have been bothering me.
☐ I have already overcome my problems and want help now to avoid backsliding.

How did you find out about our services?

Do you have religious, denominational, or spiritual preferences that you want us to be aware of? ☐ No ☐ Yes If yes, describe:

Do you have family members with concerns such as depression, anxiety, substance abuse, bipolar disorder, etc…?

☐ No ☐ Yes If yes, describe:

How do feel about being here (in counseling)?