

INTAKE ASSESSMENT FORM

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Please answer all of the following questions to the best of your ability.

IDENTIFYING INFORMATION

Name: _____ Today's Date: _____

Male: ___ Female ___ Date of Birth: _____ Age: ___

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell/other phone: _____

Is it OK to contact you at home? Yes ___ No ___ OK to leave a message? Yes ___ No ___

Special calling instructions? Yes ___ No ___

How did you learn about my services? _____

OCCUPATION/EMPLOYMENT INFORMATION

Check all that apply:

Employed ___ Retired ___ Disabled ___ Student ___ Homemaker ___ Unemployed ___

If/When employed, what type of work do you do? _____

Current employer: _____ Years on Current Job: _____

Have you ever had difficulties at work because of (Check if yes):

___ emotional problems? ___ substance abuse?

If yes (or Other) to any of the above, please explain: _____

Ever in Military Service: Yes ___ No ___ Branch: _____

If you served in combat, when did you serve? _____

Type of discharge: _____ Reason for discharge: _____

MARITAL STATUS

Marital/relationship status (Check one): ___ Married; ___ Separated/Divorced;

___ Single; ___ Widowed; ___ Live with partner (check if same ___ or opposite ___ sex);

If previously married, please provide dates of Marriage(s): _____

Number of years currently married: _____

Are you experiencing any problems/stresses in your current marriage/relationship? Yes ___ No ___

Did you experience any problems/stresses in your previous marriage/relationship? Yes ___ No ___

Comments regarding stresses in current or previous marriage(s)/relationship(s): _____

If you have had problems in the past, what do you think caused those relationships to end? _____

EDUCATION

Last grade completed in school/college is/was: _____ Degree: _____

Are you currently enrolled in school? Yes ___ No ___ Major/focus : _____

Do you have any special training, skills, or certification? (list): _____

Do you have any problems reading or writing? Yes _____ No _____

If yes Please explain _____

Do you have any difficulty understanding (check any that apply):

_____spoken instructions _____written instructions _____demonstrated instructions

How do you learn best? (preference): _____

What was school like for you? _____

Describe any difficulties or problems you had/have in school: _____

REASON FOR SEEKING TREATMENT

Please briefly describe the problems you are experiencing. _____

What has happened to cause you to seek help NOW? _____

What do you hope to be able to do or achieve as a result of treatment? _____

What do you consider to be the other stresses in your life? _____

HISTORY OF THE PROBLEM

When did you first start experiencing the problem(s) that bring you to seek help today?

How often does the problem occur? _____

How long does it last? _____

Do you currently have thoughts of harming yourself? Yes _____ No _____

Do you currently have thoughts of wishing you were dead? Yes _____ No _____

Do you currently have urges to hurt, harm, or kill someone else? Yes _____ No _____

If yes, whom? _____

Have you ever seriously considered suicide or felt like harming someone else? Yes _____ No _____

If yes, please explain: _____

Do you have any problem with any of the following:

- _____ overspending _____ food binging _____ Intentional vomiting
- _____ yelling/threatening _____ sexual feelings/behaviors _____ stealing
- _____ hitting, shoving, choking, or hurting others _____ throwing or breaking things
- _____ internet overuse or misuse _____ risk taking/endangering self or others

Have you ever had previous therapy/counseling of any kind? Yes _____ No _____

If yes, when and for how long? _____

What concerns did you address in previous therapy? _____

Have you ever been hospitalized for emotional problems? Yes _____ No _____

Have you ever been hospitalized for substance abuse problems? Yes _____ No _____

If yes to either of the above, when, where, and for how long were you hospitalized? _____

Were any of your previous treatment experiences helpful? Yes _____ No _____

Please explain how you benefited or did not benefit from previous treatment: _____

What medication(s), if any, have you found helpful in managing your emotional problems?

Have you had any experience with self-help support groups? Yes _____ No _____

If yes, please explain when, which ones, and whether or not you found them helpful: _____

SUBSTANCE USE HISTORY

Have you ever experienced a problem with alcohol, drugs, or prescription medications? Yes _____ No _____

If yes, please explain _____

Have you ever been treated for problems with alcohol, drugs, or abuse or prescription medications? Yes _____ No _____ If yes, please explain: _____

Has anyone (family, doctors, friends, coworkers, bosses, etc.) ever expressed concern that you might have a problem with alcohol or drugs? Yes _____ No _____

If, yes, please explain: _____

Have you had any problems related to use of alcohol/drugs/Behaviors in the past year? Yes _____ No _____ If, yes, please explain: _____

Has drinking, drug use, or compulsive behaviors ever caused you problems in the following areas (check if yes):

_____ family _____ school _____ employment _____ legal _____ emotional

_____ social _____ financial _____ behavior _____ physical health

_____ other, please describe: _____

FAMILY BACKGROUND

PLEASE CHECK THIS BOX IF YOU HAVE NO CHILDREN Yes _____ No _____

Names of children	Living with you?	Age	Grade	School
1. _____	Yes ____ No ____	_____	_____	_____
2. _____	Yes ____ No ____	_____	_____	_____
3. _____	Yes ____ No ____	_____	_____	_____

Other than any children already indicated above, who lives in your household? _____

Please describe your relationships with other family members:

Relationship	Living?	Frequency of contact?	Describe quality of relationship
Father	Yes ____ No ____	_____	_____
Mother	Yes ____ No ____	_____	_____
Step-father	Yes ____ No ____	_____	_____
Step-mother	Yes ____ No ____	_____	_____
Spouse/partner	Yes ____ No ____	_____	_____
Sister(s)	Yes ____ No ____	_____	_____
Brother(s)	Yes ____ No ____	_____	_____
Other _____	Yes ____ No ____	_____	_____

By whom were you raised by? _____

Were you adopted? Yes _____ No _____

Please list the age and sex for each of your brothers/sisters (including those deceased, and please indicate if any are step-siblings):

What family member(s) are you closest to now? _____

As you were growing up, what adult(s) stood out as people you could really trust?

Check the statement(s) below that describe the type of family you grew up in:

- Overly close family No "breathing room" Everyone was in everyone else's business
- No privacy Boundaries not respected Comfortably close family
- Loving Scared to make mistakes Shared many positive experiences
- Violence Not a lot of support Verbal abuse and conflicts
- Supportive Angry, lots of fighting/hostility Not much time spent together
- Frightening Distant, everyone did their own thing

other descriptors: _____

Have any biological relatives ever had any emotional problems or substance abuse? Yes No

If yes, please explain: _____

Has anyone in your family ever attempted or committed suicide? Yes No

If yes, please explain: _____

RACE/ETHNICITY RELIGIOUS AFFILIATION

	Self	Spouse		Self	Spouse
European-American	_____	_____	Catholic	_____	_____
African-American	_____	_____	Jewish	_____	_____
Hispanic-American	_____	_____	Muslim	_____	_____
Native-American	_____	_____	Protestant	_____	_____
Asian-American	_____	_____	Non-Denominational	_____	_____
Other Agnostic but open	_____	_____	Eastern (e.g., Hindu, Buddhist)	_____	_____
Other _____	_____	_____			

HEALTH/MEDICAL INFORMATION

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Physician Address & Telephone # Approx Date of last visit _____

Please list significant medical problems/conditions, and indicate if you are receiving treatment for them: _____

Do any of these problems affect your everyday life? Yes ____ No ____ If yes, how so? _____

Briefly describe any surgeries or hospitalizations for serious illness or injuries (What, where, when, etc.):

Have you ever had a TBI / serious head injury? Yes ____ No ____ If so, describe: _____

INTERESTS AND ACTIVITIES

Please list any activities (such as sports, clubs, religious organizations, etc.) that you are involved in currently:

Please describe your personal strengths and positive characteristics: _____

Other information you feel is important and wasn't asked about: _____

Thank you for your time and cooperation.