

Private Counseling

Bree Winkler, LPC, Ed.S., CAMS-II
5950 Crooked Creek Road
Suite 150-C
Peachtree Corners, GA 30092
PrivateCounselingGA@yahoo.com
470-336-2884
www.PrivateCounselingGA.com

Intake Form - Adult

Please fill out all applicable sections. If you need more space for any answer, please use the back of the sheet. Email completed form to privatecounselingga@yahoo.com

Date _____ Referred by _____ (name/organization/site)

Client's Name _____ Gender: _____
Last First Middle Preferred Name

Address _____
Street City State Zip

Phone: C _____ W _____ Email _____

Date of Birth _____ Age _____ Occupation/Length _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Spouse's Name _____ DOB _____ Occupation _____

Phone: C _____ W _____ Email _____

Children (names and ages): _____

Emergency Contact (Name/Relationship) _____ P _____

Presenting Problem

Please state in your own words the main reason for seeking counseling.

On the scale below, please estimate the severity of your problems (circle):

Mildly **Moderately** **Extremely** **Totally**

When did your problems begin? Please give dates and description.

Please describe significant events occurring at the time, or since then, which may relate to the development or maintenance of your problems.

Has anyone else expressed similar concerns? _____

So far, what solutions to your problems have been most helpful? _____

What are your expectations for therapy? _____

Therapy History

Have you ever been seen by another counselor? Yes _____ No _____
 Dates _____ Name of Counselor? _____
 Outcome _____
 Have you ever been hospitalized for an emotional disturbance? _____ If yes, when? _____
 Outcome: _____
 Who will participate in your therapy? __ Self __ Spouse __ Other (name/relationship): _____

Mental Health Status

Are you currently experiencing strong emotions? _____ If yes, describe _____

 Do you make decisions based on your emotions? _____ How well does that work for you? _____
 Any eating problems? _____
 Any sleep problems? _____ Hours per night? _____
 Any fears? _____
 Any gender identity issues? _____
 Sensitivity to sounds, noises, textures? _____
 Do you engage in rituals or exhibit any compulsive behaviors? _____
 Any separation problems? _____
 Describe your social contacts (church, friends, sporting events, work, etc.) and frequency: _____

 What are your favorite activities? _____
 What do you dislike doing the most? _____
 Describe your temperament: _____
 What are your strengths? _____
 What are your perceived weaknesses? _____
 What makes you angry? _____
 Religious Preference (Optional) _____
 Current work experience: __ Good __ Fair __ Poor. Explain: _____
 Unemployment? _____ Dates/Reason: _____
 Any deaths you have experienced? Dates? _____
 Relocation? If so, when and where _____
 Exposed to disaster? Describe _____

Safety Concerns

Have you had any thoughts of suicide _____ When/What: _____
 Have you ever attempted suicide? _____ Explain: _____
 Do you have any thoughts of suicide now? _____ **Official Use Only: Safety Contract Yes/No**
 Have you experienced physical, sexual, emotional or verbal abuse? Describe _____

Developmental History

Please check () the appropriate box for the following areas:

| Developmental Category | Below Average | Average | Above Average | Developmental History | Check (if Yes) | Developmental History | Check (if Yes) |
|------------------------|---------------|---------|---------------|-----------------------|----------------|-----------------------|----------------|
| Social | | | | Happy Childhood | | Alcohol Problems | |
| Emotional | | | | Unhappy Childhood | | Drug Problems | |
| Behavioral | | | | Emotional Problems | | Legal Problems | |
| Language | | | | Behavioral Problems | | Medical Problems | |
| Intellectual | | | | School Problems | | Religious Issues | |
| Physical | | | | Family Problems | | Other (explain) | |

Last grade completed? _____ Degree? _____

Name: _____

Date: _____

Please complete the following statements:

1. I worry about
2. I am happiest when
3. What I do best is
4. I have been criticized for
5. I sometimes feel guilty about
6. It makes me angry when
7. My biggest mistake was
8. My hobby is
9. It makes me nervous when
10. My experience with religion
11. My personality would be better if
12. I often felt mother was
13. My childhood was
14. My biggest disappointment
15. I would be better liked if
16. To me sex is
17. Men seem to be
18. I often felt father was
19. An unspoken fear I have is
20. Women seem to be
21. What hurts me most is
22. In relationships, I don't seem to be able to
23. To me intimacy is
24. Lately I have been feeling
25. My spouse/partner is

Adverse Childhood Experience (ACE) Questionnaire

Before your 18th birthday:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you? **or**
Act in a way that made you afraid that you might be physically hurt? Yes No
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you? **or**
Ever hit you so hard that you had marks or were injured? Yes No
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way? **or**
Try to or actually have oral, anal, or vaginal sex with you? Yes No
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special? **or**
Your family didn't look out for each other, feel close to each other, or support each other? Yes No
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **or**
Your parents were too drunk/high to take care of you or take you to the doctor if you needed it? Yes No
6. Were your parents **ever** separated or divorced? Yes No
7. Was your mother or stepmother:
Sometimes or often kicked, bitten, hit with a fist, hit with something hard, or threatened with a weapon?
or
Often pushed, grabbed, slapped, or had something thrown at her? Yes No
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No
9. Was a household member depressed or mentally ill or did a household member attempt suicide? Yes No
10. Did a household member go to prison? Yes No

Official Use Only

ACE score _____

Administer Resilience Questionnaire: Yes No

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Personal Agreements

I, _____, understand that I may be asked to do certain “homework exercises” such as reading, praying, journaling, reflecting, 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 emotionally 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, as outlined in the **Informed Consent**, and/or my safety is at risk.


___ I understand that I will pay in full for appointments at the beginning of each session. **In addition, sessions not canceled 48 hours in advance will require full session payment, charged to your card on file.** The session rate is \$120 per session (plus \$5 card processing fee).

___ I will complete the **Informed Consent** packet (p 5-7) and email it to privatecounselingga@yahoo.com prior to the initial session.

Client Signature

Date

As your therapist/counselor, you honor me by sharing your life and growth with me. I will bring the best that I know from my training and experience. I will bring you my insight, wisdom, and emotional guidance. I will keep a holistic perspective in our work together because I believe that the Physical, Spiritual, and Mental (mind, will, emotions) all work together to form a healthy person. I will always respect your spiritual and cultural beliefs. You can expect truth from me even when you may not want to hear it. I will always have compassion and empathy for you in all that we do. I value you as a person in need of care. I will honor you in and out of sessions.



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