



# NorthPoint

**PROFESSIONAL COUNSELING**

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## **PERSONAL DATA / INTAKE FORM**

Please answer the following questions as fully as possible.  
The information will assist your COUNSELOR.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Please describe the problem(s) that you want help with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **How has this problem affected your life in the following areas?**

1. Family: \_\_\_\_\_
2. Work: \_\_\_\_\_
3. Social: \_\_\_\_\_
4. Recreational: \_\_\_\_\_
5. Health: \_\_\_\_\_
6. Spirituality: \_\_\_\_\_

How long have you had this problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **How serious is this problem?**

mildly    moderately    very    extremely    totally

What have you tried to do to solve this problem? \_\_\_\_\_  
\_\_\_\_\_

**Please list any important events in your life that may relate to this problem:**

What has been successful? \_\_\_\_\_

Have you had counseling/therapy in the past?  Yes  No

If so where? \_\_\_\_\_ When? \_\_\_\_\_

What was helpful about the counseling? \_\_\_\_\_

What was not helpful about the counseling? \_\_\_\_\_

**MARITAL STATUS:**

Single  Married How Long? \_\_\_\_\_

Previously married — How many times? \_\_\_\_\_

Living with someone — How long? \_\_\_\_\_

Separated — How long? \_\_\_\_\_

Widowed — How long? \_\_\_\_\_

**FAMILY HISTORY:**

Who raised you? \_\_\_\_\_

If there were changes, please list and indicate the age you were when these changes occurred:

\_\_\_\_\_

# of siblings: \_\_\_\_\_ # of brothers: \_\_\_\_\_ # of sisters: \_\_\_\_\_

In rank order from oldest to youngest, what is your place in the order? \_\_\_\_\_

Which members of your family are you close to? \_\_\_\_\_

Are there any family members who are a problem for you? \_\_\_\_\_

Please indicate other people in your life that provide support for you: \_\_\_\_\_

\_\_\_\_\_

**Please check any problems that family members have/have had and indicate relationship:**

<input type="checkbox"/> Arrests/convictions _____	<b>Relationship</b> _____
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<input type="checkbox"/> Alcoholism _____	_____
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<input type="checkbox"/> Depression _____	_____
---	-------

<input type="checkbox"/> Violence _____	_____
---	-------

<input type="checkbox"/> Other mental/emotional problems (list below)	
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check any of the following that apply to your childhood/adolescence:  
(Identify with an X)**

- Happy childhood    School problems    Medical problems    Unhappy childhood  
 Family problems    Alcohol use    Drug use    Arrests/convictions

**VICTIM OF:**

**CURRENT   PAST**

- |                          |                          |                   |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse      |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical abuse    |
| <input type="checkbox"/> | <input type="checkbox"/> | Verbal abuse      |
| <input type="checkbox"/> | <input type="checkbox"/> | Domestic violence |
| <input type="checkbox"/> | <input type="checkbox"/> | Emotional abuse   |

**EDUCATIONAL HISTORY:**

Years completed: \_\_\_\_\_

Problems: \_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL AND MENTAL HEALTH:**

How would you rate your current health?

Very poor   1   2   3   4   5   6   7   8   9   10   Very good

List current health problems for which you are receiving treatment: \_\_\_\_\_  
\_\_\_\_\_

List any medications currently prescribed: \_\_\_\_\_  
\_\_\_\_\_

What is your current use of alcohol? \_\_\_\_\_  
\_\_\_\_\_

Have you had problems with alcohol use in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

What is your current use of other drugs? \_\_\_\_\_

Have you been arrested for alcohol/drug related offenses?  Yes  No

Have you had treatment for problems with alcohol abuse/dependency?  Yes  No

Do you have a history of drug use?  Yes  No

Have you had treatment for drug abuse/dependency?  Yes  No

Have you ever lost a job/relationship due to the use of alcohol/drugs?  Yes  No

Indicate any of the following that apply to you:

**CURRENT    PAST**

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Thoughts of suicide              |
| <input type="checkbox"/> | <input type="checkbox"/> | Plan for suicide                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Suicide attempt                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hurting yourself deliberately    |
| <input type="checkbox"/> | <input type="checkbox"/> | Thoughts of hurting someone else |

**WORK HISTORY:**

Usual occupation: \_\_\_\_\_

Are you currently employed:  Yes  No    Length of time: \_\_\_\_\_

If you have changed jobs during the last five years, give duration of employment and reason for leaving job: \_\_\_\_\_

**ANYTHING MORE YOUR COUNSELOR SHOULD KNOW ABOUT?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any important events in your life that may relate to this problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>SEVERITY OF PROBLEM: 0=NONE - 5= HIGH</b>	<b>INDICATE ANY PROBLEMS IN THE FOLLOWING AREAS:</b>	<b>EXPLAIN</b>
0 1 2 3 4 5	Sleep too much	
0 1 2 3 4 5	Sleep too little	
0 1 2 3 4 5	Interrupted sleep	
0 1 2 3 4 5	Other sleep problems	
0 1 2 3 4 5	Memory	
0 1 2 3 4 5	Concentration	
0 1 2 3 4 5	Attention	
0 1 2 3 4 5	Loss of interest in usual activities	
0 1 2 3 4 5	Feelings of sadness	
0 1 2 3 4 5	Loss of energy	
0 1 2 3 4 5	Feeling tired all the time	
0 1 2 3 4 5	Periods of crying	
0 1 2 3 4 5	Feeling of hopelessness	
0 1 2 3 4 5	Loss of sexual desire	
0 1 2 3 4 5	Outbursts of anger	
0 1 2 3 4 5	Change in appetite	
0 1 2 3 4 5	Hearing voices when no person is present	
0 1 2 3 4 5	Unable to recall periods of time in childhood after age 5	
0 1 2 3 4 5	Unable to recall some period of your day	
0 1 2 3 4 5	Walking in sleep	
0 1 2 3 4 5	Nightmares	
0 1 2 3 4 5	Overwhelming fears	
0 1 2 3 4 5	Racing thoughts	
0 1 2 3 4 5	Thoughts that won't go away that are constantly in your head	
0 1 2 3 4 5	Thoughts of harming someone else	
0 1 2 3 4 5	Thoughts that some person or people are trying to harm you	
0 1 2 3 4 5	Noticing items in your home and not knowing where they came from or how they got there	
0 1 2 3 4 5	Feelings of being controlled by forces outside yourself	
0 1 2 3 4 5	Feeling compelled to repeat activities for no reason	
0 1 2 3 4 5	Unable to relax	
0 1 2 3 4 5	Blackouts	
0 1 2 3 4 5	Excessive sweating	
0 1 2 3 4 5	Death of family members or friends	
0 1 2 3 4 5	Panic attacks	
0 1 2 3 4 5	Mood swings	
0 1 2 3 4 5	Spending sprees	
0 1 2 3 4 5	Other:	

## **PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS**

Please rate each of the following problem areas that have been present during the past year or those occurring prior to one year if they clearly contribute to the reasons for seeking treatment. Please write in the specific problem:

0=No significant problem 1=Mild or transient problem 2=Moderate 3=severe  
4=Extreme 5=Catastrophic NA=Unknown or cannot categorize

- |                |  |
|----------------|--|
| 0 1 2 3 4 5 NA | Problems with primary support group: Death of a family member, separation, divorce, removal from home, sexual or physical abuse, discord in the family with parents' siblings, or other like events. |
| 0 1 2 3 4 5 NA | Problems related to the social environment: death or loss of a friend, living alone, discrimination, adjustment to life-cycle transitions, such as leaving home or retirement.                       |
| 0 1 2 3 4 5 NA | Educational problems: Unable to read, academic problems, discord with teachers or classmates.  |
| 0 1 2 3 4 5 NA | Occupational problems: Unemployment, threat of job loss, stressful work schedule, discord with boss or coworkers.  |
| 0 1 2 3 4 5 NA | Housing problems: Homeless, unsafe neighborhood, discord with neighbors or landlord.   |
| 0 1 2 3 4 5 NA | Economic problems: Not enough money to pay bills, food and rent.   |
| 0 1 2 3 4 5 NA | Problems with access to health care services: Inadequate health care, transportation to health care facilities unavailable, inadequate health insurance.   |
| 0 1 2 3 4 5 NA | Problems related to interaction with the legal system/crime: Arrest, incarceration, litigation, victim of a crime.   |
| 0 1 2 3 4 5 NA | Other psychosocial and environmental problems: Exposure to disasters, discord with non-family caregivers such as counselor, social worker or physician, unavailability of social service agencies.   |