

Client Intake Form

A counseling intake form template for private practice. Please complete before your first appointment.
Question set by Angela M. Doel, Psychotherapist · Clinically reviewed by Ehab Youssef, Psychologist

1. Personal Information

Full legal name

Name you prefer to be called

Date of birth

Pronouns

Phone

Email

Home address

Emergency contact name

Emergency contact phone

2. Referral

How did you hear about our services?

Were you referred by a doctor, therapist, or another professional? If so, by whom?

3. What Brings You In

Why are you here today? What are your current symptoms or challenges?

When did these challenges begin, and how have they progressed?

What makes the problems better?

What situations or triggers make them worse?

What have you already tried to solve the problem?

4. Mental Health History

I have been in therapy or counseling before

If yes, please describe your previous experiences (what helped, what did not)

Previous mental health diagnoses, if any

History of psychiatric hospitalizations or crisis interventions, if any

5. Medical Health

Current medical conditions and treatments

Current medications (name, dose, prescriber), including over-the-counter and supplements

How is your sleep?

How would you describe your overall mood?

6. Substance Use

Alcohol and drug use, past and present. Any concerns related to substance use or addiction?

7. Life Events & Support

Recent major life changes or stressful events

History of traumatic or overwhelming experiences (general; no details needed now)

Current living situation, and who is in your immediate support network

Cultural, religious, or spiritual beliefs that are important to you

8. Safety

I am currently experiencing thoughts of self-harm or suicide

I have experienced thoughts of self-harm or suicide in the past

Anything you would like to add about your safety

9. Goals for Therapy

What do you hope to achieve through counseling? What positive changes would you like in your life?

How will you know you are ready to finish therapy?

10. Practice Use Only

Informed Consent received

Records Release (if applicable)

HIPAA Notice / Privacy Policies provided

Insurance information collected (if applicable)

Client signature

Date

Spend the intake session listening, not typing. Try Mentalyc free at mentalyc.com/ai-note-taker