





## Intake Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

**Please check all that apply:**

Now	Past		Now	Past	
_____	_____	Depression	_____	_____	Low energy
_____	_____	Low self-esteem	_____	_____	Poor concentration
_____	_____	Hopelessness	_____	_____	Worthlessness
_____	_____	Guilt	_____	_____	Sleep disturbance (more/less)
_____	_____	Appetite disturbance (more/less)	_____	_____	Thoughts of hurting yourself
_____	_____	Isolation/social withdrawal	_____	_____	Thoughts of hurting someone else
_____	_____	Sadness/loss	_____	_____	Stress
_____	_____	Anxiety/panic	_____	_____	Heart pounding/racing
_____	_____	Chest pain	_____	_____	Trembling/shaking
_____	_____	Sweating	_____	_____	Chills/hot flashes
_____	_____	Tingling/numbness	_____	_____	Fear of dying
_____	_____	Fear of going crazy	_____	_____	Nausea
_____	_____	Phobias	_____	_____	Obsessions/compulsive behaviors
_____	_____	Thoughts racing	_____	_____	Can't hold on to an idea
_____	_____	Easily agitated	_____	_____	Can't get my mind to turn off
_____	_____	Delusions/hallucinations	_____	_____	Not thinking clearly/confusion
_____	_____	Feeling that you are not real	_____	_____	Feeling that things around you are not real
_____	_____	Lose track of time	_____	_____	Unpleasant thoughts that won't go away
_____	_____	Anger/frustration	_____	_____	Easily annoyed/agitated
_____	_____	Defies rules	_____	_____	Blames others
_____	_____	Argues	_____	_____	Problems due to drug &/or alcohol use
_____	_____	Blackouts	_____	_____	Excessive use of prescription medications
_____	_____	Physical abuse issues	_____	_____	Legal problems due to alcohol/drug use
_____	_____	Spousal abuse issues	_____	_____	Excessive behaviors (spending/gambling)
_____	_____	Sexual abuse issues	_____	_____	Other problems/symptoms:
_____	_____	Relationship problems	_____	_____	_____
_____	_____	Family problems	_____	_____	_____
_____	_____	Marital problems	_____	_____	_____
_____	_____	Work-related problems	_____	_____	_____
_____	_____	Problems with children	_____	_____	_____
_____	_____	Problems with grandchildren	_____	_____	_____
_____	_____	Tired all the time	_____	_____	_____





## Records and Confidentiality...continued

Consent for treatment of minors must be signed by the parent or guardian with the legal authority to do so and all fees must be paid by the consenting parent regardless of your legal agreement.

In the case of divorced parents, please provide a copy of custody agreement within one week of the first counseling session. Receipts are provided for you at each session if you are needing to seek reimbursement from the other parent. However, I will not intervene in any dispute of financial responsibility between the consenting parent and another party.

### Agreement:

By signing below, I consent to treatment with Sylvia Clemons, LPC, LCDC. I acknowledge that I have read and understand the informed consent and the HIPAA Notice of Privacy Practices, and that any questions I had have been answered to my satisfaction.

\_\_\_\_\_  
Client's Signature or Minor's Parent/Guardian Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

Date \_\_\_\_\_

