



INITIAL INTAKE FORM

Name _____

Directions: Please answer the following questions from your perspective.

1. What is the reason that brought you to GHC?

2. Is there an issue that you are most concerned about? Please explain what it is and why.

3. How did you learn about GHC?

Directions: Listed below are possible issues you and/or your family may have. Please rate each according to your degree of concern by circling the number.

Suicide potential or Depression. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Alcohol/Drug use. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Family/Relationship conflict. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Abuse/Violence. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Sexual behavior. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)

Eating disorder. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Anxiety/worries. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)
Other problem/behavior. Please explain:	(low) 1 2 3 4 5 6 7 8 9 10 (high)

Directions: Please answer the following questions from your perspective.

Are there any issues that you believe are the source of or contribute to these concerns?

What is the main goal or need you have for coming to therapy?

What are your ideas on how that goal can be accomplished?

What things do you feel are going well for you and/or your family right now?

Is there anything else you think is important for your therapist to know right now?
