

Relationship Intake Form

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New Clients: Thank you for taking the time to fill out this document. Please complete one form for each partner. Include all information that you think is relevant to our working together successfully.

Client Information:

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____

City & ZIP Code: _____

Phone – Daytime: _____ Message OK? Y / N

Phone – Evening: _____ Message OK? Y / N

Phone – Cell: _____ Message OK? Y / N

Email Address: _____

May I confirm appointments via email? Yes / No

Partner Status: Married Living Separately Living Together

Other Members of Household (Name / Age / Gender / Relation): _____

How did you hear about me? _____

If Referral: Who recommended that you call me? _____

May I have your permission to contact this person and acknowledge the referral? Yes ____ No ____

Employment: Occupation / Employer: _____

Current Situation and Counseling Goals

Why did you seek out counseling right now? _____

What are your goals for this counseling work? _____

Past Treatment: Have you received counseling services in the past? If so when? _____

Family History (Family of Origin):

Relative	Name	Current or age death	Illness or ca death	Education	Occupation	How would you describe your relationship?

Relationships in the Family of Origin (your family history): Please describe:

Your parents' relationship with each other:

Please choose three adjectives to describe your mother as you were growing up:

Please choose three adjectives to describe your father as you were growing up:

Were there any other significant adults (step parents, grandparents) in your life?

Please describe your parents' physical health problems, chemical use and or mental/emotional difficulties:

Please describe your relationship with you brothers and/or sisters in the past and present:

How would you describe your childhood?

Past significant relationships/marriages:

Present Relationships:

How do you get along with your present spouse or partner?

Write 3 descriptors for how your spouse/partner relates to you:

Write 3 descriptors for how you related to your spouse/partner:

Level of commitment to relationship:

Level of distress in relationship:

1 2 3 4 5
(low) (high)

1 2 3 4 5
(low) (high)

How do you get along with your children?

Health Information

Have you been diagnosed with a mental health condition in the past? If so, please state: _____	Yes	No
Are you currently taking any medications, herbs, or supplements? If so, please state: _____	Yes	No
Do you have suicidal thoughts or urges?	Yes	No
Do you have thoughts or urges to harm yourself or others?	Yes	No
Has anyone else in your family had a mental health diagnosis? Please state: _____	Yes	No
Have you ever been sexually abused or assaulted?	Yes	No
Have you ever been physically or emotionally abused?	Yes	No

Substance Use Information

How often do you drink alcohol? _____

Do you use recreational drugs such as Ecstasy, Marijuana, Cocaine, etc.? Yes ____ No ____

If yes: how much? How often? _____

Is there a history of alcohol or substance abuse in your family? If so, please explain:

What else would you like me to know about you? _____

Thank you