

**Abbie Cottle Smith Counseling, PLLC**  
**INTAKE FORM**

Date of First Appointment: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone numbers: \_\_\_\_\_  
*Home Cell Work*

May I leave a message for you at home? Y / N

May I leave a message for you at work? Y/ N

May I leave a message or text you on your cell? Y/ N

May I contact you via email? Y/ N

Please list the email address that you wish to be contacted at (we do not release email addresses):

Race/Ethnicity: \_\_\_\_\_

Relationship Status: Married\_\_\_ Single\_\_\_ Divorced\_\_\_ Widowed\_\_\_  
Cohabiting\_\_\_ Other \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Education Level: Elementary /Middle School\_\_\_ High School\_\_\_ Some college\_\_\_  
Bachelor's Degree\_\_\_ Graduate Degree\_\_\_ Other \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resides: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resides: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resides: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resides: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resides: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Resides: \_\_\_\_\_

Briefly describe your reason for seeking counseling: \_\_\_\_\_

\_\_\_\_\_

What goals do you hope to achieve by attending counseling? \_\_\_\_\_

\_\_\_\_\_

List any major health problem for which you currently receive treatment:

\_\_\_\_\_

Medication:	Dosage:	Treatment of Symptoms:	Length of Use of Medication:
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_____	_____	_____	_____
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_____	_____	_____	_____
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Current height \_\_\_\_\_ Current weight \_\_\_\_\_

Are you currently involved in an exercise regimen?

Yes \_\_\_ No \_\_\_ If yes please list the type of exercise and amount per week

\_\_\_\_\_

Current hobbies/ personal interests: \_\_\_\_\_

Current religious/spiritual beliefs: \_\_\_\_\_

\_\_\_\_\_

Please answer the following as it applies to you:

Do you currently drink alcohol and if so please state the amount consumed per day/week? \_\_\_\_\_

Do you currently smoke and if so please state the amount consumed per day/week? \_\_\_\_\_

Do you currently use any controlled substances and if so please state the amount consumed per day/week? \_\_\_\_\_

Are you currently or have you in the past been involved in any gang/criminal activity? \_\_\_\_\_

How many times per week does your family sit down for meals together?

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Have you or any family member ever struggled with any of the following symptoms/behaviors? And if so, please name the family member and date it began/ended.

Anorexia/Bulimia:

Drugs/Alcohol :

Fighting :

Cutting/Self-Harm:

Suicidal thoughts/attempts:

Homicidal thoughts:

Running away:

Truancy:

Depression:

Anxiety:

Gang/criminal activity:

CPS Involvement:

Domestic Violence:

Physical/Sexual Abuse:

Is there anything else your therapist may find helpful in knowing in regards to the treatment you are seeking for your family? \_\_\_\_\_

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Have you ever previously attended therapy or received counseling services of any kind? Yes \_\_\_ No \_\_\_ If yes please list the type of therapy you received \_\_\_\_\_

Did you find treatment helpful? \_\_\_\_\_

Previous therapist: \_\_\_\_\_

Reason treatment terminated? \_\_\_\_\_

Previous Psychiatric Hospitalizations? \_\_\_\_\_

Treatment and Diagnosis Rendered? \_\_\_\_\_

Do you anticipate being involved in a lawsuit in the near future? Y/ N

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

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Have you ever been a party to a lawsuit? Y/ N

If yes, please provide a description of the suite, the date, and the outcome:

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Have you ever filed a complaint with a licensing or regulatory authority? Y/ N

If yes, please provide a description of the suite, the date, and the outcome:

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How did you hear about me? \_\_\_\_\_

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Would you like to receive our e-newsletter? Yes/ No

(We do not release email addresses to third parties)