

Be Still Counseling, LLC

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Intake-The following questions ask basic information, give as little or as much as you like. The information allows me to best get to know you so our time can be beneficial you from the first meeting.

What do you prefer to be called? _____

Referral Source? Please check all the apply

Friend/neighbor___ website___

Psychology Today_ insurance provider___

1. **Childhood.** I know childhood is a broad subject that encompasses most adult issues. What I want to know here is the following;

Who raised you? And if not parents why? _____

How did your caregivers see the world? And how did the world see your caregivers? _____

How did your caregivers treat you? And how did you treat them growing up? _____

Did you survive any type of mistreatment from caregivers, other adults in your life, and/or other kids that still impacts you today when you think about the memory?

What were the messages from caregivers whether overt or covert around sex, love, feelings, education, children, money, and what it means to be an adult? _____

What do you feel about your caregivers and childhood as whole as an adult? _____

Previous treatment

1. Have you ever been hospitalized for mental health purposes? If yes, please provide general information on what happened, dates, and what was the outcome of the stay?

2. Have you ever had outpatient treatment? Helpful? If not what did you find to be a barrier to

healing? _____

3. Have you ever been prescribed mental health medications? If yes, what medications? Who prescribes? And do/did you find them helpful? _____

4. Have you ever been to inpatient or outpatient substance abuse treatment? If yes, for what substance? What facility? Was it helpful? Longest length of sobriety? _____

5. Any events as an adult where you thought you may die? Any car accidents that still bother you? What about unhealthy/abusive relationships? Have you suffered any sexual assaults? _____

Relationships

1. Have you ever been married? If yes, what is the current status? _____

2. Do you have children? If yes, what is your relationship with your children? Any difficulty having children? _____

3. How do you identify sexually? Has sexuality been an issue for you at some point in life? _____

Employment

1. Do you work? If yes, what do you do? On a scale of 1-10 with 10 the highest, how much stress does that your work impact your life? _____

2. Do finances play a part in issues with your partner, self-esteem, and satisfaction with life?

Loss

1. Have you had any impactful losses over the past few years? Please include pets. If so, how did you manage? _____

2. Have you lost employment? Relationships? _____

Symptoms

1. How would you rate your mood on most days? 1-10 with 10 being the happiest. How long would you say you have had this average number? What makes the number go up or down? _____

2. Have you moved past the thought of suicide and thought of a plan? If yes, what was the plan? Have you acted on the plan? If no, what has kept you from attempting? Today, what keeps you alive? _____

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3. What makes you scared, afraid, nervous, anxious? What do you do what that feeling? Do you have moments where you cannot control it? If so what does that look like? How often do you feel

it? _____

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4. Any other symptoms you experience on a regular basis? _____

Physical

1. Any medical diagnosis? Any surgeries? Current health concerns? _____

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2. Do you work out? If so what kind of exercise, how many times per week? _____

Treatment

1. What do you want to gain from treatment? How long do you expect to be in treatment? How would you like to feel in 6 months? _____

Spirituality

1. Do you believe in a higher being? If so, how does your belief impact your ability to cope? _____

Thank you...you finished