

Gem Moore, PhD
Foxcroft Psychological Services
(501) 225-2525

Confidential Client Intake Information

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____
Leave message? Yes No Leave message? Yes No

Work Phone: _____ Email: _____
Leave message? Yes No Contact by email? Yes No

Occupation: _____ Best time/day to contact you: _____

Birth date: _____ Age: _____ Marital Status: Single Married Divorced Separated

Education Level: 8th Grade or Below High School Some College Associates Bachelors Masters Doctorate

Have you been in counseling/therapy before? Yes No If yes, when: _____ Did it help? Yes Some No

Reason for therapy? _____

Have you or a family member ever attempted suicide? _____

Please list all medications you take: _____

Physician's Name: _____ Phone number: _____

Psychiatrist's Name: _____ Phone number: _____

Do you have any physical disabilities or chronic illnesses? (please list): _____

Please circle any of the following that are currently troubling you:

- | | | | | |
|------------------------|------------------------|-------------------------|----------------------------|--------------------|
| Alcohol/Drug use | Eating Problems | Physical Abuse | Communication with Partner | Motivation |
| Self-Esteem | Sexuality | Verbal Abuse | Sexual Harassment | School/Educational |
| Assertiveness | Suicidal Thoughts | Sexual Abuse | Stress | Dating |
| Addiction | Alcohol or Drug Issues | Marriage/Spouse/Partner | Spiritual/Religious | Career |
| Appearance/Weight | Depression/Sadness | Loneliness | Work Stress | Time Management |
| Expressing Feelings | Anxiety/Panic | Perfectionist | Money/Financial Issues | Hopelessness |
| Grief/Loss | Worry/Fear | Shyness | Childhood Issues | Divorce/Break up |
| Meeting People/Friends | Anger/Rage | Sleep | PTSD | Parenting |
| Guilt | Helplessness | GLBT issues | Boredom | Traumatic Event |
| Homesickness | Stalking | Trust | Relationship issues | Family |

Please describe briefly your reason for seeking counseling:

Please describe how you will know counseling is working: _____

1) Emergency Contact: _____ Relationship: _____ Phone: _____

2) Emergency Contact: _____ Relationship: _____ Phone: _____