MaryJane Wilt, LPC, NCC, CSAT, MAC,MA Ed.
Whole Heart Counseling Services
212 NE 80th Ave.~ Portland, OR 97213
971.242.9322 (tel)

Intake Form

Date _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone/Cell _____

Email _____

Gender _____ DOB _____ SS# _____

Single, Partnered, Married, Separated, Divorced, Widowed, Other_____

Spouse/Partner's Name _____

Number of Children _____ Referred by _____

Is it acceptable to call you at home? Yes No

If "no," then how may I contact you? _____

At what phone number may I leave a message? _____

Are you currently under medical care? Yes No

If "yes," then please explain/describe. _____

_____

Name of personal physician and phone number: _____

Are you currently taking prescribed medications? Yes No

If "yes," then please explain/describe. _____

_____

List any psychiatric/mental health medications you have taken. _____

_____

Have you been under the care of a psychiatrist, psychologist, or counselor? Yes No

If yes, please give the name, date, and location of the therapy, and briefly explain the nature of the problem that required attention. _____

_____

_____

Please circle any of the following struggles that pertain to you:

Anxiety, Depression, Fears/Phobias, Sexual Problems, Suicidal Thoughts, Separation/Divorce, Relationships, Finances, Drug/Alcohol Use, Career Choices, Anger, Self-Control, Unhappiness, Insomnia, Religious Matters, Work/Stress, Health Problems, Cutting/Self-Mutilation, Thought Patterns, Other:

_____

_____

In case of an emergency, notify:

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Relationship: _____

OR

Name: _____

Address: _____

Work Phone: _____

Home Phone: _____

Relationship: _____

Client Signature: _____

Client Signature: _____