

DR. STEPHEN A. GIUNTA, LMHC, NCC, CCMHC
FORENSIC FAMILY COUNSELING
PARENTING AND DIVORCE SERVICES

INITIAL INTAKE FORM

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____
(Cell) _____

Identifying Information

Age _____ Date of Birth ____ / ____ / ____ Place _____
Sex: Male _____ Female _____ Height ____ ft. ____ in. Weight _____ lbs.
Race: White _____ Black _____ Asian _____ Hispanic _____ Other _____
Marital Status: M _____ S _____ D _____ W _____ Sep _____
If married, spouse's name _____ Age _____
Religion/Spirituality _____
Occupation _____ Employer _____
Occupation (Spouse) _____ Employer _____
Referral source: Self _____ Other _____
Name of referral source _____
Address of referral source _____

Treatment History (General)

Are you currently taking medication? Yes _____ No _____
If yes, name(s) of the medication(s), dosage(S) provider(s) of medication(s):

Have you received psychiatric treatment? Yes _____ No _____
If yes, name provider _____
Dates of service _____ Location _____
Reason for termination of treatment? _____
Presenting problem(s) or condition (current) _____
Presenting factors (contributors) _____

Symptoms (describe) _____

Acute _____ Chronic _____

Legal Issues _____

Alcohol use (amounts and frequency) _____

Drug use (marijuana, cocaine, etc. / amounts and frequency) _____

Family History (General)

Father's name _____ Age _____ Living _____ Deceased _____

Occupation _____ Full-time _____ Part-time _____

Mother's name _____ Age _____ Living _____ Deceased _____

Occupation _____ Full-time _____ Part-time _____

Brother(s)/Sister(s)

Name _____ Age _____ Living _____ Deceased _____

Name _____ Age _____ Living _____ Deceased _____

Name _____ Age _____ Living _____ Deceased _____

Educational History (General)

	Name of Institution	Location	Dates	Degree
Secondary	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade	_____	_____	_____	_____
Graduate	_____	_____	_____	_____

Employment History (General)

Title/Description	(From when to when)	Full- or part-time
_____	_____	_____
_____	_____	_____
_____	_____	_____