



Confidential Client Intake Information
Charmagne Westcott, M.Coun., LPC

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

How did you hear about Synchronicity Counseling? \_\_\_\_\_