**Velles Counseling Services LLC Intake Information (Updated September 2023)**

**Please provide a copy of your insurance with this form**

Name ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_­­­ Sex \_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_ Marital Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ok to use for appt. reminders Y / N**

Phone 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to leave detailed message? **Y / N**

Phone 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to leave detailed message? **Y / N**

Race/Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed? **Y/N – FT/PT** Student? **Y/N – FT/PT** Interpreter/other services needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians (names; if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, allowed to have treat/candy? **Y / N** Can provider give a reward for goals or progress? **Y / N**

If under 18 but over 13, ok to share information with parents/guardians? **Y / N**

Caffeine \_\_\_ cups/day Alcohol \_\_\_/\_\_\_ drinks day/week Vaping \_\_\_\_\_\_ day Marijuana \_\_\_\_\_ day

Nicotine/Tobacco \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Screen time per day (non-school) \_\_\_\_\_\_\_\_\_\_

Sleep: \_\_\_\_\_ Hours Exercise: Days per week \_\_\_\_/Min per day \_\_\_\_ Meals \_\_\_\_\_\_/day Healthy? **Y / N**

Current Medications & Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you experiencing: Suicidal Thoughts? **Y / N** Ideation? **Y / N** Do you want to die/be dead? Y / N

Do you have a plan? **Y / N** Access to means? **Y / N** Any previous attempts? **Y / N**

If Yes, # and date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_

Please provide the name, phone number, & email address of your Primary Care Physician (PCP) below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you ok with Medically Necessary Information being shared with your PCP? **Y / N**

Family Psychiatric History

(Optional but preferred; use back of sheets if more room is necessary)

**History of Present Problem: symptoms, onset, duration, frequency, etc.**

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**Family history of any behavioral/psychological illnesses:**

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**Medical Conditions & History: current and past medical conditions, treatments, allergies, etc.**

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**Substance Use: history of substances used, prescription drugs other than as prescribed, present substance use, etc.**

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**Developmental History: developmental milestones, delays, etc.**

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**Educational/Vocational History: level of education, current/past employment, hobbies, leisure activities, etc.**

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**Legal History: arrest history, sentencing, DUI occurrences, incarceration, civil litigation, family court matters, etc.**

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