



**SECURE
HAVEN
CARE**

Standard Intake Questionnaire

What brings you to counseling at this time? Is there something specific, such as a particular event? Be as detailed as you can: _____

What are your goals for counseling? _____

Have you seen a mental health professional before?

Yes No

Specify all medications and supplements you are presently taking and for what reason:

If taking prescription medication, who is your prescribing doctor? _____

Phone number: _____

Who is your primary care physician (if different from doctor listed above)? _____

Phone number: _____

Do you drink alcohol? Yes No

Do you use recreational drugs? Yes No

Do you have suicidal thoughts? Yes No

Have you ever attempted suicide? Yes No

Do you have thoughts or urges to harm others? Yes No

Have you ever been hospitalized for a psychiatric issue? Yes No

Is there a history of mental illness in your family? ___ Yes ___ No

If you are in a relationship, please describe the nature of the relationship and months or years together:

Describe your current living situation. Do you live alone, with others. With family, etc...

What is your level of education? Highest grade/degree and type of degree.

What is your current occupation? What do you do? How long have you been doing it?

Please check any of the following you have experienced in the past six months:

Increased appetite

Decreased appetite

Trouble concentrating

Difficulty sleeping

Excessive sleep

Low motivation

Isolation from others

Fatigue/low energy

Low self-esteem

Depressed mood

Tearful or crying spells

Anxiety

Fear

Hopelessness

Panic

Other:

Please check any of the following that apply:

Headache

High blood pressure

Gastritis or esophagitis

- Hormone-related problems
- Head injury
- Angina or chest pain
- Irritable bowel
- Chronic pain
- Loss of consciousness
- Heart attack
- Bone or joint problems
- Seizures
- Kidney-related issues
- Chronic fatigue
- Dizziness
- Faintness
- Heart valve problems
- Urinary tract problems
- Fibromyalgia
- Numbness & tingling
- Shortness of breath
- Diabetes
- Hepatitis
- Asthma
- Arthritis
- Thyroid issues
- HIV/AIDS
- Cancer
- Other:

What else would you like me to know?

**Secure Haven Care Behavioral Health
150 E Wilson Bridge Rd
Suite 250
Worthington, OH 43085**