 New Client Intake Form

New Vision Counseling LLC

 Maggie Panageas, LCSW

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| Name:  | Date of Birth: |

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| --- | --- | --- | --- |
| Address:  | City: | State: | Zip: |

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| --- | --- |
| Primary Phone:  | Primary Email: |

 Preferred Contact: Text

 Occupation:

 Relationship Status:

 How did you hear about New Vision Counseling?

 Emergency Contact’s name & telephone number:

(Release of information must be signed for emergency contact; this will be used in emergency situations only unless otherwise specified.)

 Briefly describe your reason for seeking help:

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If today was your last day of therapy, how might your life seem different?

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Last Physician Visit:

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New Vision Counseling LLC

 Maggie Panageas, LCSW

 List any major health problems for which you currently receive treatment:

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 List all medications you are currently taking:

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 Have you received psychiatric treatment or counseling before? Choose an item.

 If Yes, please provide names(s) of providers(s), location(s) and approximate treatment dates:

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 Describe any family history of substance abuse or mental health problems:

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Describe the things you currently do to help you when you are having emotional difficulties:

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 New Client Intake Form- page 3

New Vision Counseling LLC Name:

 Maggie Panageas, LCSW Date: Click or tap to enter a date.

Please check all areas of concern that apply to you:

**Emotional Financial/Work Problems**

 [ ]  Nervousness [ ]  Housing

 [ ]  Depression [ ]  Financial Hardship

 [ ]  Loss/Grief [ ]  Problems at Work/School

 [ ]  Sleep Problems [ ]  Other:

 [ ]  Anxiety

 [ ]  Mixed Mood **Faith Concerns**

[ ]  Loneliness [ ]  Briefly explain:

 [ ]  Anger

 [ ]  Low Self Worth

 [ ]  Other:

**Addictive/Compulsive Behaviors Food/Disordered Eating Concerns**

[ ]  Alcohol Use [ ]  Briefly Explain:

 [ ]  Drug Use

 [ ]  Spending/Gambling

 [ ]  Self-Harm

**Health and Other Concerns**

 [ ]  Recent change in weight

Relationship & Family Problems [ ]  Postpartum concerns

 [ ]  Abuse [ ]  Trouble concentrating

 [ ]  Substance Abuse [ ]  Suicidal thoughts

 [ ]  Divorce/Separation [ ]  Headaches

 [ ]  Emotional abuse [ ]  Chronic pain

 [ ]  Parenting concerns

 [ ]  Child Behavior **Sexual Concerns**

[ ]  School resistance [ ]  Compulsive behavior

 [ ]  Other: [ ]  Change in sex drive

 [ ]  Other:

Other concerns not listed:

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