 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.)

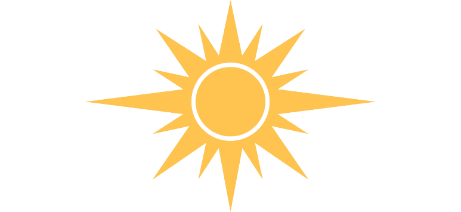
Briefly describe your reason for seeking help:

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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:

 New Client Intake Form – page 2

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:

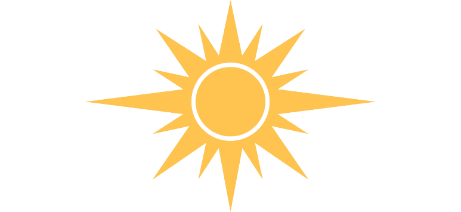
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Describe any family history of substance abuse or mental health problems:

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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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