# Client Intake Form

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Age |  |
| Client\* |  | Gender | [ ]  M [ ]  F [ ]  T |
| Counselor  |  | Ethnicity | [ ]  White [ ] Black [ ] Hispanic [ ] Asian [ ] Other |
| Referral source  |  | Religious Pref |  |

*\* do not use client’s real name for class assignment*

**Family / Social Relationships** (check all that apply)

|  |  |
| --- | --- |
| Marital Status | [ ] Single/Never Married [ ] Married [ ] Separated/Divorced [ ] Widowed [ ] Remarried |
| Living with  | [ ] Self only [ ] Spouse/Partner [ ] Children [ ] Parents [ ] Other Family [ ] Friends [ ] Anyone  |
| Children  | [ ] Yes [ ]  No  | Stable living | [ ]  Yes [ ]  No [ ]  Sometimes |
| Children in home | [ ] Full-time [ ] Part-time [ ] No | Alcohol use in home | [ ]  Self [ ]  Others [ ]  None |
| Children (#, ages) |  | Drug use in home | [ ]  Self [ ]  Others [ ]  None |

**Describe the personal relationship with each of the following people?**

**0** Non-existent, **1** Challenged, **2** Mixed, **3** Supportive/close, **N**ot applicable | **Frequency**: **D**aily, **W**eekly, **M**onthly, **Y**early, **R**arely, **N**ever

|  |  |  |  |
| --- | --- | --- | --- |
|  |  **0 1 2 3 N D W M Y R N** |  |  **0 1 2 3 N D W M Y R N** |
| Mother | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  | Step-father | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  |
| Father | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  | Step-mother | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  |
| Siblings | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  | Children | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  |
| Partner | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  | Co-workers | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  |
| Other family | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  | Friends | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  |
| Other: | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  | Other: | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  |
| Other: | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  | Other: | [ ] [ ] [ ] [ ] [ ]  [ ] [ ] [ ] [ ] [ ] [ ]  |
| Most supportive relationships |  |
| Most challenging relationships |  |

**Current Education / Employment / Legal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Education | [ ] GED [ ]  H.S. [ ]  Trade [ ]  AA/AS [ ] BA/BS [ ] Grad | Trade or profession | [ ]  Yes [ ]  No [ ]  In progress |
| Student | [ ]  Full-time [ ] Part-time [ ] No | List trade or profession |  |
| Employed | [ ]  Full-time [ ] Part-time [ ] No | Current occupation |  |
| Military | [ ]  Active [ ]  Inactive [ ]  N/A | $ Responsibility | [ ] Self only [ ]  Support others |
| Legal issues | [ ]  Yes [ ]  No *(describe below)* | Employment issues | [ ]  Yes [ ]  No *(describe below)* |
| Past arrests  | [ ]  Yes [ ]  No *(describe below)* | Current arrest issues | [ ]  Yes [ ]  No *(describe below)* |
|  |  |  |  |
| Comments:  |  |

**Current Medical / Psychiatric Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Current prescribed meds | [ ]  Yes [ ]  No  | List meds |  |
| Doctor prescribing meds | [ ] Psych [ ] Pri Care | List doctors |  |
| Hospitalized for medical | [ ]  Yes [ ]  No  | Issue & dates  |  |
| Hospitalized for psych | [ ]  Yes [ ]  No  | Issue & dates |  |
| Current med issue  | [ ]  Yes [ ]  No  | Affect on life |  |
| Treated for substance use | [ ]  Yes [ ]  No  | Dates |  |

**Current Symptom Checklist**
(rate the intensity of symptoms currently present; check all that apply)

Current impact on quality of life: **0** None **1** Mild **2** Moderate **3** Severe

Other impact: **P** Past client symptom **F** Family member experienced symptom

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom** |  **0 1 2 3 P F** | **Symptom** |  **0 1 2 3 P F** |
| Suicide ideation | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Homicidal ideation | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Attempted suicide | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Attempted homicide | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Self-Mutilation | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Aggressive behavior  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Diagnosed depression | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Trouble controlling violent behavior | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Depressed mood  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Conduct problems  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Hopelessness | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Oppositional behavior  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Worthlessness | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Agitation | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Grief  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Irritability  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Guilt  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Concomitant medical condition | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Social Isolation | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Emotional trauma victim  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Somatic Complaints | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Physical trauma victim  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Appetite disturbance  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Sexual trauma victim | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Sleep disturbance  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Emotional trauma perpetrator  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Elimination disturbance | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Physical trauma perpetrator  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Fatigue/ low energy  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Sexual trauma perpetrator  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Psychomotor retardation  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Sexual dysfunction  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Poor concentration  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Significant Weight Gain/Loss  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Poor grooming  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Bingeing/Purging  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Mood swings  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Laxative/Diuretic abuse  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Elevated Mood  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Anorexia  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Hyperactivity  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Loose Associations | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Diagnosed anxiety | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Delusions  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Generalized anxiety or tension | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Hallucinations  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Panic attacks  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Paranoid ideation  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Phobias  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Dissociative States  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Obsessions/compulsions | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Other: | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Alcohol use | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Other: | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Prescribed drug use | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Other: | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Unprescribed drug use | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   | Other: | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
| Comments:   |

**Client Notes Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Client\* |  | Date |  |
| Counselor |  |  |  |

*\* do not use client’s real name for class assignment*

|  |  |
| --- | --- |
| **Scaling Questions** | Worst 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 Best |
|  |  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |
|  |  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participation** [ ] Active[ ] Minimal[ ] None | **Progress**[ ] Strong progress[ ] Some progress[ ] Stable[ ] Regression[ ] None[ ] Other: | **Participation Quality**[ ] Attentive[ ] Sharing[ ] Supportive[ ] Intrusive[ ] Monopolizing[ ] Resistant[ ] Distracted[ ] Other:  | **Affect**[ ] Appropriate[ ] Hyper-Active[ ] Excited[ ] Anxious[ ] Depressed[ ] Elated[ ] Drowsy[ ] Flat[ ] Other:  | **Cognitive**[ ] Rational[ ] Coherent[ ] Confused[ ] Alert[ ] Paranoid[ ] Delusional[ ] Hallucinating[ ] Other:  |
| **Client Insight**[ ] Good[ ] Minimal[ ] None |
| **Treatment** | **Summary** (use SOAP notes format): |
| **Approach**[ ] Actively Listen[ ] Boundary setting[ ] Challenging[ ] Clarification [ ] Confrontation [ ] Exploration [ ] Goal Setting [ ] Limit Setting [ ] Orientation [ ] Reality-testing[ ] Role–play [ ] Socialization [ ] Support [ ] Other: |  |
| **Theoretical Approach**[ ] Adlerian[ ] Behavioral[ ] Client-centered[ ] Cognitive/CBT [ ] Family Systems[ ] Narrative [ ] Play/Art Therapy[ ] Reality/Choice[ ] Solution-focused[ ] Other: |

Adapted from Family Works intake & case notes forms

# SOAP Notes Format

SOAP notes should be brief (about 1-2 paragraphs) but as concise as possible. Include the following four key areas:

1. **Subjective**: The client’s description of their primary presenting concern including the following factors:
	1. *Onset*: When did this concern begin?
	2. *Chronology*: When does it get better or worse? How often is this concern present? Is it episodic, variable, or constant?
	3. *Quality & severity*: How does the client experience this concern and is it mild, moderate, or severe?
	4. *Modifying factors*: What aggravates/reduces the concern? Are there triggers, activities, people, etc. that impact it positively or negatively?
	5. *Additional symptoms*: Does the client have any (un)related symptoms, thoughts, or feelings related to their presenting concern? Do their family members or friends share pertinent comments related to the client’s concern?
	6. *Treatment*: Has the client seen another provider for this symptom?
2. **Objective**: Document the objective, repeatable, and traceable *facts* (not opinions) about the client’s status.
	1. What can you see, hear, and measure with them (e.g., their appearance, affect, mental status, behavior, communication, and strengths)?
	2. If available and applicable, results of other psychological or medical findings can be included.
3. **Assessment**: Identify your clinical impressions and diagnoses based on the subjective and objective areas reported. This can include reasoning for the selected diagnosis, eliminating possible diagnoses, or referrals to rule out other diagnoses. Ensure you have adequate data to support your diagnosis.
4. **Plan**: Describe your action/treatment plan and prognosis
	1. *Action/treatment plan*: When is your next appointment? What interventions have you used so far and will you use during the next session? What educational information was/will be provided? How has treatment progressed? What is the treatment direction for the next session? What referrals will be made and to where, if any?
	2. *Prognosis*: What are the probable gains you expect from your client given the diagnosis, action plan, and client’s barrriers, resources, and motivations to change? Provide a general prognosis (e.g., poor, fair, good, excellent) with supporting reasons for the prognosis.