# 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.