Kay E. Uhl, MA

LICENSED MENTAL HEALTH COUNSELOR

License #LH00004384

Client Intake

Date___________________________

Fee_____________________________

Referred by_____________________

Home Phone____________________

Work Phone_____________________

Name____Date of Birth_____________________

Name (parent, partner) ___________________________________Date of Birth_____________________

Address ____

____

Insurance Information

Name of Company ____

Name of Insured ____Date of Birth_____________________

Employer ID #____

Occupation ____

Name of Physician __________________________last exam____________

Please list any significant medical or psychiatric illnesses, hospitalizations and injuries.

Dates Problem and Treatment

____________ ____

____________ ____

____________ ____

Please state why you decided to come for counseling/therapy:

____

____

How long has this been a significant problem for you?

____

____

How would you estimate the severity of the problem at this time?

( )	( )	( )	( )
mild	moderate	serious	severe

Name as many symptoms as you can at this time:

____

____

Continue on back for additional space.

In the past what has been helpful to you in dealing with this problem?

____

____

Do you have a religious or spiritual practice?

____

____

Describe your support system.

____

____

Please list any significant medical or psychiatric illnesses, hospitalizatioins, and injuries *(include dates)*

____

____

Medications and Substances Used

Please list all medications you are now taking or have taken in the past three months, including:
birth control pills, vitamins, herbs and supplements.

Medication	Dosage	M.D. Prescribing	Duration	Helpful (Y/N)

Amount of caffeinated beverages per day: coffee____ soda____ espresso____ tea____

Number of cigarettes smoked per day: ______

Amount of alcohol: per day_____________per week______________________

Recreational drugs:____

Do you use alcohol or drugs to: *(check all that apply)*

Manage stress? _______

To relax? _______

To change mood? _______

For sleep? _______