

**Cedar Bridge Counseling
N. 9507 Division St. STE B
Spokane, WA 99218
509-624-3561**

Confidential Client History

Name _____ Date __/__/20__

Address _____ City _____ State _____

Age _____

Phone (____) _____ OK to Leave Message? Y / N Alt Phone (____) _____

Occupation _____

Religious Affiliation _____

Education Level _____

Emergency Contact _____

Emergency Contact Phone (____) _____

Marital Status _____ Sexual Orientation _____

Do you have any children? Y / N

Ages and Names of Children _____

Who currently lives with you in your home? _____

What issues or concerns bring you to counseling at this time?

1. Do you have any serious health conditions? Y / N
2. Are you currently seeing another mental health professional? Y / N
3. Have you been in counseling before? Y / N
4. Have you ever been hospitalized for emotional/mental health concerns? Y / N
5. Do you have a family history of emotional concerns? Y / N
6. Have you experienced a weight change in the last 6 months? Y / N
7. Have you felt sad or depressed in the past 6 months? Y / N
8. Does your family have a history of drug addiction or alcohol abuse? Y / N
9. Have you experienced a change in sleep patterns in the past 6 months? Y / N
10. Do you use any prescription medication? Y / N
11. Do you use any recreational drugs? Y / N
12. Do you have a family history of violence or abuse? Y / N
13. Have you been a victim of physical abuse? Y / N
14. Have you been a victim of sexual abuse? Y / N
15. Have you thought about self harm in the past 6 months? Y / N
16. Have you been injured in an accident or experienced trauma in the past 6 months? Y / N
17. Have you recently become disabled? Y / N
18. Are you a US military veteran? Y / N
19. Are you the spouse of a US military veteran? Y / N
20. Do you use tobacco? Y / N
 1. If YES, what type and amount? _____
21. Do you use caffeine? Y / N
 1. If YES, how many drinks per day? _____
22. Do you use alcohol? Y / N

1. If YES, how many drinks per day? ___ Per week? ___ Per month? ___

Please explain any YES answers below

Please do not write below the dotted line: for office use only

Intake Notes

Provisional Diagnosis

Date ___/___/20__