

Willow Tree Counseling Associates Intake Form for New Clients

Welcome to Willow Tree Counseling Associates, LLC. Please complete the following intake information. Thank you.

Client Demographics Name			Today's Date:			
				Sex:		
Address						
County of Residence Home			Phone			
Cell Phone Business Phone						
Email address						
Birth date	Current Age	e Race		Re	Religion	
Marital Status Living together, not married		ing together, married	Married, separated	Civil Union	Civil Union, Separated	
Single	Div	porced	Widowed	Other:		
Employer/School						
Type of Work/School						
Work/School Hours (i.e.: 9am	to 5pm, M-F)					
Soc. Security Number						
Referral Source (How did you Search	On-line Psych	hology Today				
□ □A Friend □ □A Other:	nother Thera	apist/ Who?				

Client Preferences/Needs

I wish to deal with the following issues:

- □ Abuse of alcohol and/or other drugs
- Addiction to alcohol and/or other drugs
- Addiction in the family
- Co-Dependency
- □ How to motivate someone to get help for an addiction
- □ Self-esteem
- □ Setting boundaries with others
- □ Expressing or responding to anger appropriately
- Developing or improving life skills
- Parenting an alcohol or drug-abuser
- Deprivation Physical, verbal, and/or emotional abuse
- A traumatic event: _____
- □ Improving communication skills
- □ An eating disorder
- □ Improving my recovery
- Other:

Prior to beginning at Willow Tree, I have received the following diagnosis:

- Anxiety Disorder;
- Bi-Polar
- Borderline Personality Disorder
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Dest-Traumatic Stress Growth (PTSG)
- Other:

I would prefer to: (circle or highlight your response)

- 1. See a MALE / FEMALE counselor.
- 2. Receive correspondence WITH or WITHOUT the Willow Tree Return Address label.
- 3. Receive phone calls via my CELL, HOME or BUSINESS number(s).
- 4. Receive phone calls SAYING or NOT SAYING Willow Tree's name.