

SOLAY Counseling and Research Center, PC

Sutton Station
5836 Fayetteville Rd., Suite 102
Durham, NC 27713
919-484-2222 (Phone)
919-484-2227 (Fax)

Ashwood Park
1700 East Ash Street, Suite 204
Goldsboro, NC 27530
919-484-2222 (Phone)
919-484-2227 (Fax)

CLIENT INTAKE PACKET

Today's Date: _____

Client Name: _____
(First) (Middle Initial) (Last name)

Name of Parent /Legal Guardian: _____
(If client is under 18 years of age)

DOB: ____/____/____ AGE: _____ GENDER: Female ____ Male ____ Other ____

SS or ID #: _____ *(Only used for insurance purposes)* Race: _____
(Only for office data use)

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Children: Yes No # of children _____ ages or age range: _____

Home Address: _____

County of Residence: _____

Home Phone: _____ Work or Cell Phone: _____

Email: _____ May we email you? Yes No
(Please note: Email correspondence is not considered to be a confidential medium of communication.)

Client/Ad/Internet Referral: _____

Agency/Other Medical Provider Referral:

EMERGENCY CONTACT

Contact Name: _____ Relationship to Client: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Physician's Name/Phone: _____

Others in the Home (Names/Relationship to Client/Ages if appropriate): _____

MENTAL HEALTH/BEHAVIORAL INFORMATION

Reason for Seeking Services: _____

Recent Treatment History (last 12 months): _____

Have you in the past received any type of mental health services (psychotherapy, psychiatric services, etc.)?

___ No ___ Yes, previous therapist/practitioner: _____

Pertinent Mental Health Issues: _____

Have you ever been prescribed psychiatric medications? ___ Yes ___ No

Are you currently taking any psychiatric medications? ___ Yes ___ No

Please list: _____

Pertinent Medical Issues: _____

Are you currently taking any prescription medications? ___ Yes ___ No

Please list: _____

Other Active Service Providers (last six months): _____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health? *(Please circle)*

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing: _____

2. How would you rate your current sleeping habits? *(Please circle)*

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep problems you are currently experiencing: _____

3. How many times per week do you generally exercise?

What type of exercise do you participate in: _____

4. Please list any difficulties you experience with your appetite or eating patterns.

5. Are you currently experiencing overwhelming sadness, grief or depression? Yes No

If yes, approximately how long? _____

6. Are you currently experiencing anxiety, panic attacks, or have any phobias? Yes No

If yes, when did you begin experiencing these symptoms?

7. Are you currently experiencing any chronic pain? Yes No

If yes, please describe: _____

8. Do you drink alcohol more than once a week? Yes No

9. Do you engage in recreational drug use? Yes No

If yes, how often? Daily Weekly Monthly Infrequently Never

10. Are you currently in a romantic relationship? Yes No

If yes, how long? _____

11. Are you currently employed? Yes No

If yes, what is your current employment situation: _____

Do you enjoy your work? Is there anything stressful about your current work?

FAMILY MENTAL HEALTH HISTORY

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, mother, brother/sister, grandmother, grandfather, uncle, aunt, cousin, etc.)

<u>Health Issue/Condition</u>	<u>Please Circle</u>		<u>List Family Member(s)</u>
Alcohol/Substance Abuse	Yes	No	
Anxiety	Yes	No	
Depression	Yes	No	
Domestic Violence	Yes	No	
Eating Disorders	Yes	No	
Obesity	Yes	No	
Obsessive Compulsive Behavior	Yes	No	
Schizophrenia	Yes	No	
Suicide Attempts	Yes	No	

Other Mental Health Disorders/Conditions:

CONSENTS/RIGHTS INFORMATION

I. Consent for Treatment

I hereby give my consent for **SOLAY Counseling** to provide mental health services to me/my child. I have been informed of the scope and purpose of the service, and understand that I may withdraw my consent at any time. I understand I may also refuse any services offered at any time.

Client/Parent/Guardian: _____ Date: _____

II. Financial Release

I understand that **SOLAY Counseling** may use confidential information about me to bill and be paid for services. I hereby consent for **SOLAY Counseling** to release information to the billing agent, **Integrity Support Services** and its contracted clearinghouse, and/or to the funding source, and for the funding source to release information to **SOLAY Counseling** and **Integrity Support Services** for this purpose.

Client/Parent/Guardian: _____ Date: _____

III. Permission to Seek Emergency Medical Care

I hereby give consent for **SOLAY Counseling**, to seek and sign consent for emergency medical care in the event that I am unable to do so for myself. It is understood that **SOLAY Counseling** will attempt to locate me, or another legally responsible adult, as quickly as is possible in the emergency situation.

Client/Parent/Guardian: _____ Date: _____

IV. Client Rights

I understand that a copy of the Client Rights handout will be shown to me upon request prior to the start of counseling session.

Client/Parent/Guardian: _____ Date: _____

V. Privacy Rights

I understand that a copy of the Privacy Rights will be shown to me upon request prior to the start of counseling session. I understand these rights are designed to protect my privacy.

Client/Parent/Guardian: _____

Date: _____

VI. Communication Rights

I understand that one of my rights is to be able to choose how I am contacted.

Please circle one:

I *do or do not* give permission for **SOLAY Counseling** to contact me at work.

I *do or do not* give permission for **SOLAY Counseling** to leave voice messages for me at *home or work or both or neither* (please circle one).

Client/Parent/Guardian: _____

Date: _____