

Serenity



Health & Wellness Center
1685 Lance Pointe Dr. Maumee, 43537
(419) 891-2181
www.SerenityHealthMaumee.com

Serenity Counseling/Life Coaching Intake Form

Name _____ Age _____

Birthdate _____

Address _____

City _____ State _____

Zip _____

Email _____

Home Phone _____ Cell Phone: _____

Occupation _____ Employer _____

Marital Status _____ Name of Spouse/Partner _____

How long have you been together? _____ Religion _____

Do you have any children? If yes, how many and how old are they? _____

Do You Smoke? _____ If yes, how much? _____

Do You Drink? _____ If yes, how much? _____

Do You Take Drugs? _____ If yes, what kind? _____

How often? _____

Last Medical Examination _____ Reason _____

Are you currently under a doctor's care? _____ If yes, Doctor's name: _____

Reason for doctor's care: _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication: _____

Have you been diagnosed with any type of psychological disorder(s)? If yes, please explain _____

Have you ever been hospitalized for a physical illness? If yes, please describe: _____

Have you ever been hospitalized for a mental illness, personality disorder, anxiety disorder, etc.? If yes, please describe: _____

Have you had any previous counseling? If yes, when and for what length of time/number of sessions? _____

What type(s) of counseling/life coaching are you going to be receiving? (individual, couples, family, other): _____

Who referred you to Dr. Hickey/Serenity or how did you hear about us? _____

What do you ultimately wish to achieve with your counseling/life coaching? _____

Check Any of the Following That May Apply to You:

- Headache
- Dizziness
- Fainting Spells
- No Appetite
- Over-Eating
- Stomach Trouble
- Bowel Disturbances
- Always Tired
- Always Sleepy
- Unable To Relax
- Insomnia
- Recurrent Dreams
- Nightmares
- Hallucinations

- Inferiority Feelings
- Feel Tense
- Feel Panicky
- Fears and Phobias
- Obsessions
- Depressed
- Suicidal Ideas
- Take Tranquilizers
- Alcoholism
- Dangerous Drugs
- Allergy
- Asthma
- Homosexuality
- Sexual Problems

- Shy With People
- Can't Make Friends
- Afraid Of People
- Home Conditions Bad
- Unable To Have A Good Time
- Always Worried About Something
- Don't Like Weekends/Vacations
- Can't Make Decisions
- Perfectionist
- Financial Problems
- Gambling
- Job Problems
- Can't Keep A Job
- Other

Client Signature _____ Date _____