Building Blocks Counseling Services Intake Session



Client Name	Counseling Services
DOB	
Presenting Problem	(What is bringing you here today?)
History of Presentin	Problems/Developmental Milestones:
Strengths and interes	s:
Current Symptoms (rcle all that apply)
Mood/Emotions	sad elated hopeless low energy poor concentration angry numb disconnected non-congruent to the circumstance appropriate
Anxiety	worry panic fearful compulsive stressed excessive appropriate
Thoughts	delusional hallucinations disorganized scattered racing obsessive distracted guilt ridden appropriate
Behaviors	aggressive/explosive truant/runaway compulsive hyperactive Other:
Sleep	too much too little can't fall asleep can't stay asleep nightmares
Appetite	loss of appetite over eating under eating weight loss/gain funny taste in mout
Suicide Risk	Current: Recent:
Alcohol	Drugs:
Legal Issues	

Family Compos	sition					
Name				age	relation	
Name				age		
Name				age		
Name				age		
Name				age		
Relationship/N	/larriage	History				
Employment						
Education	School	Contact person:				
Counseling/Psy	ychiatric	History				
Current Medic	ation					
Doctor/Psychiatrist						
		Consent to share information	tion signed?			
How did you fi	nd out a	bout Building Blocks Coun	seling Services?			
Other Symptoms						
(OFFICE USE)						
Treatment Goa	als					
1.						_
2.						
3 4.						
5						_
Diagnosis						
Clinician	_Wend	ly Woolf, MA LMHC				