

# Full Circle Clinical Intake 1.1

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Can you please describe to me why you have come to counseling for help at this time?

If you feel comfortable, please describe any goals you would like to accomplish through counseling.

Please tell me a bit about yourself, if you feel comfortable: What are your strengths, hobbies, interests and/or passions? What do you LIKE to do?

Have you seen a mental health professional (psychotherapist, psychiatrist, etc.) before?

- Yes, I have.
- No, I haven't.

Are you currently taking any medications? Please describe them if you feel comfortable:

**If you are taking prescription medication, who are you working with to optimize your medications? Please include type of doctor, name and phone number.**

**Would you like to sign a release of information so that I can collaborate with this provider?**

- Yes, please.
- No, thank you.

**Do you use recreational drugs?**

- Yes
- No

**Do you drink alcohol?**

- Yes, I do.
- No, I don't.

**Are you currently having suicidal thoughts?**

- Yes, I am.
- No, I am not.

**Have you ever attempted suicide?**

- Yes, I have.
- No, I have not.

**Urges to harm others are normal.. but are you currently having strong thoughts or urges to harm other people?**

- Yes, I am.
- No, I am not.

**Have you ever been hospitalized for a mental and/or emotional health challenge?**

- Yes, I have.
- No, I have not.

**Has anyone that you are related to, or that you have lived with experienced mental or emotional health challenges?**

- Yes, they have.
- No, they haven't.

**If you are in a relationship, please describe the nature of the relationship and months or years together.**

**Please tell me about your educational history to the extent that you feel comfortable. What are your goals in this part of your life?**

**Please tell me about your work history to the extent that you are comfortable. What are your goals in this part of your life?**

**Is there anything relevant to your cultural, racial, or ethnic background that you would like for me to know?**

**Please check any of the following you have experienced in the past six months**

- Increased appetite
- Decreased appetite
- Trouble concentrating
- Difficulty sleeping
- Excessive sleep
- Low motivation
- Isolation from others
- Fatigue/low energy
- Low self-esteem
- Depressed mood
- Tearful or crying spells
- Anxiety
- Fear
- Hopelessness
- Panic
- Other

**What else would you like me to know?**

**What questions can I answer for you?**