



PAUL WEISEMANN PROFESSIONAL CHRISTIAN COUNSELING

INTAKE FORM

Please provide the following information and answer the questions below. Please note: information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

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

Name of parent/guardian (if under 18 years old):

(Last) (First) (Middle Initial)

Birth Date: _____ / _____ / _____ Age: _____ Gender: Male Female

Marital Status:
 Never Married Domestic Partnership Married
 Separated Divorced Widowed

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () May we leave a message? Yes No

Cell/Other Phone: () May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication and will be used only for appointment reminders.

How did you hear about PWPC? _____

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

No
 Yes, previous therapist/counselor: _____

INTAKE FORM (Continued)

Please mark to what extent the following items apply to you. If you feel uncomfortable answering the question, please leave it blank (rather than misrepresenting yourself).

Basic Needs

- | | | | | | |
|--|-------------------------------------|---------------------------------|------------------------------------|--------------------------------|---------------------------------|
| 1. I have a permanent place to live. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 2. My basic needs (food, clothing) are met. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 3. I have enough money to pay for basic needs. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 4. I live in a safe environment. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |

Social Support

- | | | | | | |
|--|-------------------------------------|---------------------------------|------------------------------------|--------------------------------|---------------------------------|
| 5. I have a spouse or partner I confide in. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 6. I have a family I talk to. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 7. I have close friends or coworkers I confide in. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 8. I am involved in community organizations. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 9. I am involved in support groups. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 10. I make friends easily. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |

Thinking

- | | | | | | |
|---|---------------------------------|--------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| 11. I have problems concentrating. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 12. I have problems remembering things. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 13. I can't stop thinking about upsetting events. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 14. I worry a lot. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 15. I worry that something is wrong with my body. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |

Emotions

- | | | | | | |
|---|-------------------------------------|---------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| 16. I am able to identify my feelings. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 17. I know why I feel the way I do. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 18. I recognize how the past affects my feelings now. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 19. When I grew up, it was safe to express my feelings. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 20. My parents or caretakers overreacted emotionally (angry outbursts, depression, anxiety). | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 21. I am able to express my feelings appropriately to the people I trust. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 22. When appropriate, I am able to show my feelings. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 23. I am able to accept and tolerate intense feelings (fear, anger, sadness, hurt) in myself/others. | <input type="checkbox"/> Not at all | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| 24. If I show feelings, I am afraid that others will not like me. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 25. I alternate feeling love and hate for the same person. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 26. My feelings change rapidly and unexpectedly. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 27. I overreact to people and situations. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 28. I have a short fuse. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 29. I have conflicts with people I live with. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 30. I feel empty. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 31. I cry. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 32. I have periods of sadness lasting more than two weeks. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 33. Presently, I get so depressed I have suicidal thoughts. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 34. As I look over my life, I have gotten so depressed that I have felt suicidal. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 35. Presently, I get so angry I feel like hurting others or destroying things. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |
| 36. As I look over my life, I have gotten so angry that I have felt like hurting others or destroying things. | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely | <input type="checkbox"/> Not at all |

INTAKE FORM (Continued)

37. I have periods of time in which I feel so good or so hyper that other people thought I was not my usual self *or* I was so hyper that I got into trouble. Always Often Sometimes Rarely Not at all
38. Panic attacks or anxiety attacks. Always Often Sometimes Rarely Not at all
39. I startle easily. Always Often Sometimes Rarely Not at all
40. When I feel bad, I act impulsively in ways that can be harmful to myself (spending, sex, eating, alcohol/drugs, gambling). Always Often Sometimes Rarely Not at all
41. When I feel bad, I do things to hurt my body (cutting, burning). Always Often Sometimes Rarely Not at all
42. When I feel bad, I hurt others or destroy things. Always Often Sometimes Rarely Not at all
43. I need to be in control and want things to be my way. Always Often Sometimes Rarely Not at all
44. I tolerate changes well. Not at all Rarely Sometimes Often Always
45. I am flexible. Not at all Rarely Sometimes Often Always
46. I like myself. Not at all Rarely Sometimes Often Always
47. I am confident. Not at all Rarely Sometimes Often Always
48. I trust myself. Not at all Rarely Sometimes Often Always
49. I feel people are out to get me. Always Often Sometimes Rarely Not at all
50. I hear or see things others may not be hearing or seeing. Always Often Sometimes Rarely Not at all
51. I share my innermost thoughts and feelings with others when appropriate. Not at all Rarely Sometimes Often Always
52. I get defensive when questioned about my past. Always Often Sometimes Rarely Not at all
53. I feel like I am an outsider. Always Often Sometimes Rarely Not at all

Disconnections

54. I have lapses in my memory for the present/past. Always Often Sometimes Rarely Not at all
55. I have bodily symptoms that physicians cannot explain. Always Often Sometimes Rarely Not at all
56. I view the world as strange and unreal. Always Often Sometimes Rarely Not at all
57. I feel like I am an observer of my thoughts and body. Always Often Sometimes Rarely Not at all
58. I feel like I am in a dream. Always Often Sometimes Rarely Not at all
59. I hear voices inside my head. Always Often Sometimes Rarely Not at all
60. I have feelings that come out of the blue without any way to explain them. Always Often Sometimes Rarely Not at all
61. I cope with feelings by retreating into myself. Always Often Sometimes Rarely Not at all
62. I cope with feelings by pushing them down. Always Often Sometimes Rarely Not at all

Substance Abuse

63. Presently, I use alcohol/drugs to cope. Always Often Sometimes Rarely Not at all
64. Alcohol/drugs have negative effects on my life now. Always Often Sometimes Rarely Not at all
65. I have used alcohol/drugs in the past. Always Often Sometimes Rarely Not at all
66. Alcohol/drugs have caused negative effects on my life in the past. Always Often Sometimes Rarely Not at all

Physical

67. I have problems with my sleep patterns. Always Often Sometimes Rarely Not at all
68. I have trouble having regular rest or relaxation. Always Often Sometimes Rarely Not at all
69. I have made myself throw up in order to lose weight. Always Often Sometimes Rarely Not at all
70. I have used laxatives or exercised excessively to lose weight. Always Often Sometimes Rarely Not at all
71. I have large changes in my appetite, or my weight. Always Often Sometimes Rarely Not at all
72. I feel tired almost every day. Now In the past
73. I have little or no interest in sex. Always Often Sometimes Rarely Not at all
74. I have sexual problems. Always Often Sometimes Rarely Not at all

INTAKE FORM (Continued)

For the following, please mark Yes or No. If yes, please explain.

Medical

- | | | | |
|---|-----------------------------|------------------------------|-------|
| 75. I use medication for depression, anxiety, or hearing voices. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 76. In the past, I have used medication for depression, anxiety, or hearing voices. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 77. I have been in the hospital for emotional/psychiatric reasons. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 78. I have received treatment for alcohol/drug abuse. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 79. I have attempted suicide. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 80. I have heart problems. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 81. I have high blood pressure. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 82. I have eye problems. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 83. I have respiratory problems. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 84. I have neurological problems. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 85. I have a seizure disorder. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 86. I am pregnant. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 87. Other medical condition. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |

Legal

- | | | | |
|---|-----------------------------|------------------------------|-------|
| 88. I am or may possibly become involved in legal action. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 89. I have been in prison. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 90. I have been arrested. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 91. I have been in a physical fight in the past year. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 92. I have attempted/committed homicide. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 93. I often have to fight to defend my rights. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 94. I often have to lie to get by. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |

Personal Event History

- | | | | |
|--|-----------------------------|------------------------------|-------|
| 95. I have recurring nightmares. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 96. I have been physically beaten or sexually molested. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 97. I suspect that I may have/had demonic influences in my life. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| 98. I have experienced a major traumatic event. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |

If needed, use this space for continuing explanation of Yes responses above: