

**Tricia Andor, MA, LPC**  
**Counseling & Psychotherapy**  
401 E. 8<sup>th</sup> St., Suite #200-H  
Sioux Falls, SD 57103  
(605) 695-7913

**Intake Form**

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Name you prefer to be called: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: _____	Okay to call? Y N	Leave a message? Y N
Work Phone: _____	Okay to call? Y N	Leave a message? Y N
Cell Phone: _____	Okay to call? Y N	Leave a message? Y N

Please circle any of the following that are currently of concern:

- |                       |                           |                       |
|-----------------------|---------------------------|-----------------------|
| depression            | loss of love relationship | sexuality             |
| suicidal thoughts     | racing thoughts           | chronic pain          |
| anxiety/worries       | nervousness               | health problems       |
| feelings of panic     | stress                    | body image            |
| anger/temper          | children                  | memory                |
| low self-esteem       | parents                   | compulsive behaviors  |
| irritability          | family relations          | impulsivity           |
| sleep problems        | loneliness                | divorce/separation    |
| obsessive thinking    | procrastination           | infidelity            |
| mood swings           | phobias                   | eating issues         |
| poor concentration    | death                     | sexual abuse          |
| unhappiness           | grief                     | physical abuse        |
| shyness               | overspending              | verbal abuse          |
| making decisions      | fears                     | shame                 |
| drinking problems     | drug problems             | addiction _____       |
| relationship problems | spiritual concerns        | racism/discrimination |
| guilt                 | forgiveness               | marital problems      |

Regarding alcohol, I typically have \_\_\_\_\_ drinks per:    day    week    month    year    (circle one)

Regarding drug use, I typically use drugs \_\_\_\_\_ times per:    day    week    month    year    (circle one)

The last time I drank alcohol was \_\_\_\_\_. The last time I used drugs was \_\_\_\_\_.

**FAMILY HISTORY**

Do you know of or suspect substance/alcohol abuse in any members of your family of origin? \_\_\_\_\_

If so, who? \_\_\_\_\_

History of the following in your family (circle all that apply):

- Violence      Abuse (verbal, physical, sexual)      Addictions      Divorce      Financial Struggles

Strengths of your family of origin: \_\_\_\_\_

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Things that were/are difficult for you in your birth family: \_\_\_\_\_

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**PERSONAL HISTORY**

Please describe the following about yourself.

Positive traits or strengths: \_\_\_\_\_

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Negative traits or weaknesses: \_\_\_\_\_

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What do you want others to know about you? \_\_\_\_\_

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What would you prefer that others did *not* know about you? \_\_\_\_\_

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Stressful situations experienced as a young child (birth to five years old) such as hospitalizations, illness, injury, neglect, stressed or depressed parent(s), abuse: \_\_\_\_\_

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**SPIRITUAL BACKGROUND:**

Religious/spiritual affiliation or beliefs:

During childhood: \_\_\_\_\_

Now: \_\_\_\_\_

Do you believe in God? \_\_\_\_\_ If yes, please answer the following additional questions:

Are there things that you've found help foster your spiritual growth? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has your experience of God been like so far regarding the problem for which you are seeking counseling? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like your faith to be a part of this counseling process? \_\_\_\_\_ Y \_\_\_\_\_ N

**MEDICAL INFORMATION:**

Primary care doctor's name: \_\_\_\_\_ Location: \_\_\_\_\_

Significant illnesses, injuries, and other health-related information:

(Note: Please include any 1) abortions, 2) treatment &/or hospitalizations for mental health issues, substance abuse, or, and 3) any known congenital or genetic deficiency.)

Health Issue/ Illness/ Injury

Age of Onset

Current State of Condition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications Currently Taken (list name and dosage): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELATIONSHIP INFORMATION:**

What relationships do you have where you experience support (ones where you give and receive support)?

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Do you think you have the relational support you need at this time? \_\_\_\_\_

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Marital Status (check one): S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ Sep \_\_\_\_\_

Please list the names and dates of any person to whom you have been married:

Name of Spouse

Period Married

\_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

(If not married,) are you currently in a committed relationship? \_\_\_\_\_

For how long? \_\_\_\_\_ Living together? \_\_\_\_\_ Children? \_\_\_\_\_

Who lives in your household (include any children, family, spouse, friends, or roommates)?

Person's Name

Age

Relationship to You

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If married or in a coupled relationship, please answer the following.**

Strengths & positive traits you bring to the relationship: \_\_\_\_\_

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Weaknesses & negative traits you bring to the relationship: \_\_\_\_\_

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Strengths & positive traits your partner brings to the relationship: \_\_\_\_\_

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Weaknesses & negative traits your partner brings to the relationship: \_\_\_\_\_

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If you are experiencing marital problems, what do you see those problems to be? \_\_\_\_\_

**COUNSELING GOALS**

What changes would you like to make in your life as a result of counseling? \_\_\_\_\_

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How did you hear about me? \_\_\_\_\_

Oftentimes I thank the people who make client referrals to me. Is it okay to mention your name in my thanks, or would you prefer that I not mention your name? (Either way is fine; please check one)

- No one referred me; I found you myself from an online search.
- A person referred me and it's okay to mention my name.
- A person referred me and I'd prefer that my name not be mentioned.

I voluntarily request the professional counseling services of Tricia Andor, MA, LPC.

Signature of person completing this form: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_