

Sterlingworth Center  
 Mary Blair Dellinger, LPC, BCN  
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**New Client - Intake/Background Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Handedness: LEFT RIGHT AMBIDEXTROUS

Please describe the problem(s) that you want help with:

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How long have you had this problem? \_\_\_\_\_

Please list any important events in your life that may relate to this problem:

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How serious is this problem?  mildly  moderately  very  extremely  totally

What have you tried to do to solve this problem?

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What has been successful? \_\_\_\_\_

Have you had counseling/therapy in the past?  Yes  No

When? \_\_\_\_\_ For the same problem or a different one? \_\_\_\_\_

What was helpful about the counseling? \_\_\_\_\_

What was not helpful about the counseling? \_\_\_\_\_

**FAMILY HISTORY:**

Who raised you? \_\_\_\_\_

If there were significant changes during your childhood, please list and indicate the age you were when these changes occurred: \_\_\_\_\_  
\_\_\_\_\_

# of siblings \_\_\_\_\_ # brothers \_\_\_\_\_ # sisters \_\_\_\_\_

In terms of birth order from oldest to youngest, what is your place in the order? \_\_\_\_\_

Which members of your family are you closest to? \_\_\_\_\_

Are there any family members with whom you have more conflict with? \_\_\_\_\_

Please indicate other people in your life that provide support for you:  
\_\_\_\_\_  
\_\_\_\_\_

Please check any problems that family members have had and indicate that person's relationship to you:

- |                                                                       | <u>Relationship</u> |
|-----------------------------------------------------------------------|---------------------|
| <input type="checkbox"/> Arrests/convictions                          | _____               |
| <input type="checkbox"/> Alcoholism                                   | _____               |
| <input type="checkbox"/> Depression                                   | _____               |
| <input type="checkbox"/> Violence                                     | _____               |
| <input type="checkbox"/> Other mental/emotional problems (list below) | _____               |
| _____                                                                 | _____               |

**Check any of the following that apply to your childhood/adolescence.** *Note that if current sexual abuse, current physical abuse, domestic violence, or current emotional abuse is endorsed, your counselor may talk with you to see if you are safe and to make sure you have professional mental health support:*

- |                                          |                                           |                                              |                                            |
|------------------------------------------|-------------------------------------------|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> School problems | <input type="checkbox"/> Medical problems | <input type="checkbox"/> Family problems     | <input type="checkbox"/> Unhappy childhood |
| <input type="checkbox"/> Alcohol use     | <input type="checkbox"/> Drug use         | <input type="checkbox"/> Arrests/convictions |                                            |

| <u>Victim of:</u>   | <u>Current</u> | <u>Past</u> |
|---------------------|----------------|-------------|
| • Sexual abuse      | _____          | _____       |
| • Physical abuse    | _____          | _____       |
| • Domestic violence | _____          | _____       |
| • Emotional abuse   | _____          | _____       |

**EDUCATIONAL HISTORY:**

Yrs. completed \_\_\_\_\_

Problems: \_\_\_\_\_

Strengths: \_\_\_\_\_

**PHYSICAL AND MENTAL HEALTH:**

How would you rate your current health? Very poor = 1 2 3 4 5 6 7 8 9 10 = Very good

List current health problems for which you are receiving treatment: \_\_\_\_\_

\_\_\_\_\_

List any medications currently prescribed: \_\_\_\_\_

What is your current use of alcohol (daily/weekly intake)? \_\_\_\_\_

Have you had problems with alcohol use in the past?  Yes  No

If yes, please explain: \_\_\_\_\_

What is your current use of other drugs? \_\_\_\_\_

Have you been arrested for alcohol/drug related offenses?  Yes  No

Have you had treatment for problems with alcohol abuse/dependency?  Yes  No

Do you have a history of drug use?  Yes  No

Have you had treatment for drug abuse/dependency?  Yes  No

Have you ever lost a job/relationship due to the use of alcohol/drugs?  Yes  No

Indicate any of the following that apply to you: [Note that if current suicidal thoughts, a current suicidal plan, suicide attempt, current hurting yourself deliberately, or current thoughts of hurting someone else are endorsed, your counselor will talk with you to see if you are safe and to make sure you have professional mental health support]

|                                    | <u>Current</u> | <u>Past</u> |
|------------------------------------|----------------|-------------|
| • Thoughts of suicide              | _____          | _____       |
| • Plan for suicide                 | _____          | _____       |
| • Suicide attempt                  | _____          | _____       |
| • Hurting yourself deliberately    | _____          | _____       |
| • Thoughts of hurting someone else | _____          | _____       |

## PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS:

Please rate each of the following problem areas that have been present during the past year or those occurring prior to one year if they clearly contribute to the reasons for seeking treatment. Please write in the specific problem:

0= No significant problem  
3=Severe

1=Mild or transient problem  
4= Extreme

2=Moderate  
5=Catastrophic

- 0 1 2 3 4 5 NA Problems with primary support group: Death of a family member, separation, divorce, removal from home, sexual or physical abuse, and discord in the family with parents siblings, or other like events.
- 0 1 2 3 4 5 NA Problems related to the social environment: death or loss of a friend, living alone, discrimination, adjustment to life-cycle transitions, such as leaving home or retirement.
- 0 1 2 3 4 5 NA Educational problems: Unable to read, academic problems, discord with teachers or classmates.
- 0 1 2 3 4 5 NA Occupational problems: Unemployment, threat of job loss, stressful work schedule, and discord with boss or co-workers.
- 0 1 2 3 4 5 NA Housing problems: Homeless, unsafe neighborhood, discord with neighbors or landlord.
- 0 1 2 3 4 5 NA Economic problems: Not enough money to pay bills, food and rent.
- 0 1 2 3 4 5 NA Problems with access to health care services: Inadequate health care, transportation to healthcare facilities unavailable, inadequate health insurance.
- 0 1 2 3 4 5 NA Problems related to interaction with the legal system/crime: Arrest, incarceration, litigation, victim of a crime.
- 0 1 2 3 4 5 NA Other psychosocial and environmental problems: Exposure to disasters, discord with non-family caregivers such as counselor, social worker or physician, unavailability of social service agencies.