

RIO RANCHO FAMILY COUNSELING CENTER, LLC

333 Rio Rancho Dr. NE, Suite 200

RIO RANCHO, NEW MEXICO

TEL: 505-814-1460

Client Name:		D.O.B.	Age (at time of intake)
Mailing Address			
Contact information	Phone Best:	Alternative:	
	Email address		
	How did you learn about us?	Text?	Email?
Is it ok for us to call?		Would you like an appointment reminder?	

Occupation:	Place of employment:		
Married, Single, Divorced, Other:			
If other please explain:			
Male/Female/Other:			
If other please explain:			
Education: (Highest level completed):			
Religious (Spiritual) and ethnic heritage:			
Family Members			
Names of adults living at above address:	D.O.B.	Occupation	Relationship to Client
Names of children living at above address:	D.O.B./Ages	Relationship to Client	

Who else is important but not living with you? (include relationship: i.e. parents, previous and current significant others)	D.O.B.	Address

Reason for seeking psychological help (please be specific)

How do you think the problem developed? (please elaborate)

What do you hope to accomplish by your involvement in psychotherapy?

Have you ever seen anyone for help with your problems? YES / NO
 If yes, name of person, when, for how long?

To your knowledge, is there any history of substance abuse in the family? YES / NO
 If yes, please list who was involved and when.
 Drugs Alcohol

To your knowledge, is there any history of physical, sexual, or emotional abuse? YES / NO
 If yes, please list who was involved and when, and who was the perpetrator?

Please check what type of abuse.

Emotional? Physical? Sexual?

Briefly describe any abuse indicated:

Do you have any major mental or medical illnesses, injuries, or chronic problems that have required attention over the years? YES / NO If yes, please describe them. Include hospitalization

When was your last physical exam?

Is there any mental or medical illness that seems to run in the family? Who? (Please explain)

Do you take any vitamins and/or supplements? YES / NO
If yes what do you take?

Are you currently taking any prescribed medication? YES / NO

Medication and dosage	For what condition	Who prescribed

Has any significant personal or family event occurred recently?	Who	When
Death		
Pregnancy/Birth/Miscarriage/Abortion		
Family member moved away		
Gain of new family member		
Separation/Divorce/Threat of separation		
Child reached adolescence entered school for first time		
Career or business readjustment		
Accident or serious injury (you or family member)		
Marriage reconciliation		
Serious illness (you or family member)		
Mid-life change(s)		
Parents aging problems		
Are there any notable developmental problems within your family?		
Other (specify		

Is there any history of mental illness in your family? Please include any information about yourself. (ex: depression/anxiety/mood disorders etc...) YES / NO

If yes please explain

What would you say your strengths and limitations are?

Strengths	Limitations

Legal History

Have you or any member of your family been in family, juvenile or superior court? YES / NO
If yes, please explain:

Have you or any member of your family been arrested or incarcerated? YES / NO
If yes, please explain:

Is this a matter of public record? (We want to maintain your privacy) YES / NO

Any additional pertinent information you would like us to know?

Thank you for taking the time to fill out this inquiry