

**Henn & Peoples**  
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Houston, Texas 77058  
Fax: 281-333-1270

**INTAKE FORM**

Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City/zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
SSN of client \_\_\_\_\_ (if not primary insured) DOB: \_\_\_\_\_ I

Insurance Company \_\_\_\_\_ Insurance ph. for Providers \_\_\_\_\_  
Insurance ID# \_\_\_\_\_ Group# \_\_\_\_\_ Employer \_\_\_\_\_  
INSURED Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

**PREVIOUS diagnosis/presenting issue**

Suicidal thoughts, attempts past/current: No \_\_ Yes \_\_ when? \_\_\_\_\_  
PAST psychiatric providers (therapists and current psychiatrist)  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Timeframe \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Timeframe \_\_\_\_\_  
Current medications \_\_\_\_\_  
Physical diagnosis or issues \_\_\_\_\_  
Supportive family/friends (identify) \_\_\_\_\_  
History of Abuse (physical, sexual, neglect emotional) Age \_\_\_\_\_  
IDENTIFY if relationship issues with parents \_\_ spouse \_\_ children \_\_ friends \_\_

**CURRENT AND PAST CHEMICAL USE**

Have you ever felt the need to cut down on your drinking? No \_\_ Yes \_\_  
Have you ever been concerned that drinking was a problem for you? No \_\_ Yes \_\_  
Your spouse? No \_\_ Yes \_\_  
Have family or friends expressed concern about your drinking? No \_\_ Yes \_\_  
Have you ever felt guilty about your drinking? No \_\_ Yes \_\_  
Have you ever experienced loss of memory from drinking? No \_\_ Yes \_\_  
Have you ever received a DWI or DUI ? No \_\_ Yes \_\_  
How much alcohol do you consume weekly? (avg) \_\_\_\_\_  
Other non-prescription drugs used within the past 10 years \_\_\_\_\_  
Prescription pain killer problematic use? No \_\_ Yes \_\_  
Current legal involvement? No \_\_ Yes \_\_ (see practice policy for crt. Supoena)

**FAMILY Mental Health History**

Substance \_\_\_\_\_ Family Member \_\_\_\_\_  
Depression \_\_\_\_\_  
Suicide attempts \_\_\_\_\_

**COUNSELING GOAL** \_\_\_\_\_