

NEW HOPE CENTER

Client Intake & Self-Assessment Information – Form C

This information is confidential and will be reviewed only by your clinician.

Client's Name: _____ Date: _____

Name of person completing form (if different from above): _____

Briefly list the primary concerns or issues that bring you to therapy at this time: _____

What specific goals or objectives do you have for treatment? _____

What have been the most significant changes or sources of stress for you and your family over the past few years? _____

Please note any changes in your family system, in terms of marital status, custodial arrangements, loss of members, health or employment changes or individuals moving into or out of the home? _____

Please indicate any current health issues, significant allergies or mental health conditions or concerns for any of the individuals involved in treatment: _____

List the medications and health provider(s) who are handling any of the conditions noted above: _____

If you wish to expand on any of these questions or provide other information, please continue on the reverse side.