



CCM Counseling LLC

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Practicing under the supervision of Helen Conway-Jensen, M.A., M.Ed., LPC, NBCCH, LIC #2002021231

CLIENT INTAKE FORM-ABBREVIATED

This information is confidential. Please answer what you can, and however you feel comfortable answering.

General Information

Name:		
Address:		
Date of Birth/ Age:		
Email:	May we email you? Y N	
Cell Phone:	Home Phone:	Work Phone:
May we leave a voice mail message? Y N		Preferred message phone: Cell Work Home
Current Employer/Position:		
Person(s) to call in case of an emergency (names, phone #s) and person's relationship to you: 1. 2.		
Type of counseling services you are seeking: Individual Couples/Relationship Family Group		
How were you referred to CCM Counseling (Chris Corrigan Mendez)?		

Current Concerns

Please describe the reason(s) you are seeking counseling:
What do you hope to accomplish through counseling?
Please estimate the level of overall distress you are experiencing: Mild Moderate High Extreme

Are you currently having thoughts of self-harm or suicide? Y N

Have you had these thoughts previously? Y N

Have you acted on these thoughts? Y N

Do you feel safe at this time? Y N

Additional information you would like to share:

Have you been to counseling/ professional assistance previously? Y N

What were the approximate dates/time period of treatment?

Will you sign a release to disclose your counseling records to CCM Counseling? Y N

Medical/Biological

Describe any current concerns you have about your physical health:

Describe your exercise patterns. (What exercise, how often, level of exertion.)

Please describe your sleeping patterns.

What medications and supplements are you currently taking? (Include pain relievers, sleeping aids, psychological medications, birth control, over-the-counter, vitamins, supplements etc.).

Substance Use/ Concerning Behaviors

Have you ever been treated for alcohol or drug use/abuse? Y N

If yes, for which substance(s)?

List substances you currently consume (include Caffeine and Nicotine) and how much of each per day:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

If you have any repeated behaviors that cause you concern, describe them here:

Family History/ Current Relationships

List your siblings and their ages.

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Briefly describe your parents and your current relationship with them:

Are you currently: () Single () Married () In a Committed Relationship () Divorced () Widowed

If you are in a relationship, note anything you would like to share about it:

If you have children, please provide their first names, and briefly describe your current relationship with them.

Describe your friendship patterns (e.g. large group of friends, a few close friends) and how you keep in touch/activities:

Educational History

Highest Education Level Completed: () High School () Some College () Associate's Degree
 () Trade School / Certification () Bachelor's Degree () Some Graduate Studies () Graduate Degree

List specific degrees or certifications:

If you have faced any educational/academic challenges, describe them here: