



**Andie DeSha, M.S., L.P.C., N.C.C.**  
**Counseling Services**

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## Confidential Client Intake Form

Welcome! Please fill out the following as completely and legibly as possible. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name:

Preferred name:

Address:

City:

State:

Zip/Postal Code:

Phone number(s):

Ok to leave a message?  Yes

No

Is it ok to text appointment reminders? \_\_\_\_\_Yes \_\_\_\_\_No

Email Address:

Age:

Birthdate:

Person to alert in the event of medical emergency,

Relationship to you:

Phone:

Cultural Background/Ethnicity:

Gender Identification:

Religious/Spiritual Orientation:

Education (grade completed, any postsecondary)/ Current School/Grade:

Current employment:

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Who currently lives in your household (gender, age, relationship):

Briefly describe your strengths, hobbies and interests:

Do you have any pets, (name/type)?

Please describe any significant current or past medical problems:

Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each.

Please provide any significant information about family history and family psychiatric/mental illness history:

Any current or past traumatic events in your life?

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish, including how long this problem has persisted.

Is there anything that would be helpful for the counselor to know?

***Have you ever:***

Had previous psychological care or counseling?  Yes  No

If yes, please

describe\_\_\_\_\_

Had chronic medical issues?  Yes  No

If yes, please

describe\_\_\_\_\_

Had suicidal thoughts or attempted suicide?  Yes  No

If yes, please

describe\_\_\_\_\_

Experienced difficulties with substance use/abuse?  Yes  No

If yes, please

describe\_\_\_\_\_

Been a victim of physical, sexual, and/or psychological abuse?  Yes  No

If yes, please

describe\_\_\_\_\_

Had legal trouble?  Yes  No

If yes, please

describe\_\_\_\_\_

Had an eating disorder?  Yes  No

If yes, please

describe\_\_\_\_\_

Please mark all that apply:

Feelings:

Happy\_\_\_\_Excited\_\_\_\_Lonely\_\_\_\_Hopeful\_\_\_\_Mood Shifts\_\_\_\_Helpless\_\_\_\_Out of  
Control\_\_\_\_Anxious\_\_\_\_Shameful\_\_\_\_Afraid\_\_\_\_Numbness\_\_\_\_Frustrated\_\_\_\_Guilty\_\_\_\_  
Other\_\_\_\_\_

Thoughts:

Confused\_\_\_\_Unintelligent\_\_\_\_Honest\_\_\_\_Relaxed\_\_\_\_Worthwhile\_\_\_\_Suicidal\_\_\_\_  
Confident\_\_\_\_Paranoid\_\_\_\_Worthless\_\_\_\_Unattractive\_\_\_\_Unlovable\_\_\_\_Obsessive\_\_\_\_  
Sensitive\_\_\_\_Lovable\_\_\_\_Distracted\_\_\_\_Disorganized\_\_\_\_Other\_\_\_\_\_

Symptoms/Behaviors:

Exercising\_\_\_\_Eating Well\_\_\_\_Sexual Problems\_\_\_\_Poor Concentration\_\_\_\_Drug  
Use\_\_\_\_Money issues\_\_\_\_Recklessness\_\_\_\_Acting Out\_\_\_\_

Sexuality\_\_\_Crying\_\_\_Withdrawing Socially\_\_\_Skipping Classes\_\_\_Irritability\_\_\_Injuring  
Self\_\_\_Compulsivity\_\_\_Career Choices\_\_\_Impulsivity\_\_\_Acting Aggressively\_\_\_Night  
Mares\_\_\_Good self care\_\_\_Driven\_\_\_Socializing\_\_\_Parent/Child Conflicts\_\_\_  
Lack of Ambition/Goals\_\_\_Disorganization\_\_\_  
Spiritual Strength\_\_\_Pefectionist\_\_\_Spiritual Problems\_\_\_Other\_\_\_\_\_

Physical Symptoms:

Insomnia\_\_\_Tired\_\_\_Dry Mouth\_\_\_Weight Gain or Loss\_\_\_Headaches\_\_\_  
Tightness in Chest\_\_\_Dizziness\_\_\_Numbing/Tingling\_\_\_Vomiting\_\_\_Rapid Heart  
Beat\_\_\_Pain\_\_\_Excessive Sleep\_\_\_Loss of Memory\_\_\_Other\_\_\_\_\_

On a scale of 1 to 10, how much distress are you experiencing as a result of your current concerns  
(circle number below)?

0 - - - - 1 - - - - 2 - - - - 3 - - - - 4 - - - - 5 - - - - 6 - - - - 7 - - - - 8 - - - - 9 - - - - 10

No Distress

Overwhelming Distress

Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal; that's ok! This information will be a starting point for us to discuss during the initial sessions. Feel free to list more than one goal if you wish.

Thank you for taking the time to complete this form. When we meet, please feel free to ask me any questions about this form, or to tell me anything else that you would like me to know.

Prior to your first appointment, please also take some time to review the professional disclosure statement and sign it. We will discuss this document again during our first meeting