



Molly Jenkins
counseling

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COUNSELING INTAKE FORM

Full name _____ Date _____

Preferred name _____

Address _____

Date of birth _____ Age _____ Gender _____ Preferred pronouns _____

Phone _____ E-mail _____

Do I have permission to contact you regarding scheduling questions by text? _____
and by email? _____ and by voicemail? _____

Who else lives at your home? _____

Referred by _____

Do I have permission to acknowledge the referral? _____

Physical History:

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a mental illness? _____ Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Any Previous Therapy/Counseling? _____ If yes, describe, when, where, how long, what for _____

Work History:

Occupation _____ How long? _____

Place of Employment _____

If presently unemployed, describe the situation _____

Hobbies/Avocations _____

Educational History:

Highest level of education completed _____

Area(s) of study _____

List degrees/licenses _____

Where/when/ _____

Interest in pursuing further education? _____

Family Systems Information:

Where born _____ How long there _____ Ethnic ID _____

Parents: Father alive _____ Where residing _____ Relationship _____

Mother alive _____ Where residing _____ Relationship _____

Marital Status _____ #of marriages _____ Spouse's name _____

Living with a partner _____ How long _____ Partner's Name _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

Family Alcoholism or Domestic Violence? _____ Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year _____ Your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail _____

Spiritual History:

Religious upbringing _____ Present affiliation _____

Is this an important part of your life _____ Why/why not _____

Emotional Status:

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe _____

Have you been treated for emotional disturbances? _____ If yes, when? _____

Have you had any thoughts of suicide _____ If so, when _____ Do you have any thoughts now _____

Present Situation:

Please state why you decided to come for counseling/therapy _____

Please state what you would like to work on in therapy _____

What would you like to experience that is different from what you are experiencing now _____

How long has this been an issue for you _____

What do you hope to achieve with therapy _____

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know.