

Rhonna W. Phillips
Counseling & Therapy Services, LLC

For Couples: TO PREPARE FOR YOUR INITIAL COUPLES' INTAKE APPOINTMENT you will need 4 forms each.

1. Each of you, complete one **PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE form. See below.**

DON'T FORGET THE THREE OTHER FORMS all in the Confidentiality section of my web site.

2. **HOW CONFIDENTIALITY WORKS,**

3. **HIPAA and**

4. **USE OF TECHNOLOGY..**

PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE

Two sets are attached below and can be printed out. Each set is about 6 pages per person. I will review these with you during our appt time. You can bring them with you when you come. If we are meeting remotely, please mail or email them to me in advance. If you don't do them in advance, you will need to complete yours during your appointment time and this will limit our discussion time.

This information will provide me a basis to begin to understand each of your upbringings, backgrounds and the foundations for your personal values, which you may have brought to your relationship. Your doing them in advance will also help us use our time efficiently and hopefully provide a convenience for you.

Also, during our appointment time, I will personally ask you some of my Couple's Assessment questions. These will pertain to the nature of your concerns, your communication, problem solving and/or dispute resolution styles.

Please call me if you have any questions about this process. I look forward to working with you!

Rhonna W. Phillips, MA

Licensed Professional Counselor & Supervisor

Licensed Marriage and Family Therapist

Collaborative Practitioner

Qualified Family & Domestic Relations Mediator

5-2020

Rhonna W. Phillips
Counseling & Therapy Services, LLC

PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE & ASSESSMENT

Client Name: _____ Intake date: _____
Preferred or nickname: _____ DOB: _____ Age: _____
Address: _____ City _____ State: ___ Zip _____
Cell Phone: _____ Home Phone: _____ IDs Gender as: _____
Ethnicity as: _____ Country born in: _____
Highest Grade/degree completed: _____ Major: _____
Current School: _____ for _____
Military service? You or close relative? _____
Current Job: _____ Co: _____ How long? _____
Currently living with? _____ Referred by: _____

Problem? “ _____ ”

Event that triggered appt: _____

Attach separate notes if you prefer to write more detail. If your counseling is
Conjoint, only submit what you are willing to share with other session members.

SOCIAL & INTIMATE RELATIONSHIPS:

First Significant intimate relationship: Year met _____ At _____ Age _____
Year dated _____ Age _____ Year lived together _____ Age _____
Year married _____ Partner was age _____ You were age _____ # yrs married _____
If Divorced, how long/yrs _____ Why did the rel end? _____

Biological Children of this relationship	Stepchildren of this relationship
Names/Gender/Age:	Names/Gender/Age:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Which of these children visit w/you now? _____

Any that do not, why? _____

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Second Sig relationship/ Marriage: Year met _____ At _____ Age _____
Year dated _____ Age _____ Year lived together _____ Age _____
Year married _____ Partner was age _____ You were age _____ # yrs married _____
If Divorced, how long/yrs _____ Why did the rel end? _____

Biological Children of this relationship	Stepchildren of this relationship
Names/Gender/Age:	Names/Gender/Age:
_____	_____
_____	_____
_____	_____
_____	_____

Which of these children visit w/you now? _____
Any that do not, why? _____

Other PAST Significant Intimate Relationships _____

Current intimate relationship status:
Dating, Girl/Boyfriend, Live together, Married. If married, # _____
Year met _____ At _____ age _____
Year dated _____ Age _____ Year lived together _____ Age _____
Year married _____ Partner was age _____ You were age _____ # yrs married _____
If Divorced, how long/yrs _____ Why did the rel end? _____

Biological Children of this relationship	Stepchildren of this relationship
Names/Gender/Age:	Names/Gender/Age:
_____	_____
_____	_____
_____	_____
_____	_____

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Which of these children visit w/you now? _____

Any that do not, why? _____

Age 1st sexually active ____ Sexual identity ____ # sex partners in past 6 mos ____

Happiest memory of any intimate relationship _____

Worst memory of any intimate relationship's _____

Any: **Domestic Violence** Y/N _____

Legal Probs Y/N _____ Lawsuits Y/N _____

Arrests Y/N _____ DUI Y/N _____

Court Dates _____ Name of Lawyer _____

Court orders _____ Name of Probation officer _____

\$ Concerns Y/N _____ Child Support paid & current or unpaid _____

Attach additional notes if needed to explain above.

Self-harm: your own thoughts or actions: _____

significant other's thoughts or actions _____

Suicidal: your own thoughts or actions: _____

significant other's thoughts or actions _____

Homicidal: your own thoughts or actions: _____

significant other's thoughts or actions _____

Weapons you have access to? _____

Pistol/s, Shotguns, ammo, Hunting knives, Dangerous pills, Other: _____

Office use: N/A, Ideation ____ Plan ____ Access ____ Attempts ____ Intent ____

Current Risk: Low, Medium, High-Warn _____

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FAMILY OF ORIGIN:

Your Support system is: _____ **Religion:** Raised _____,

Current Religion: _____ Attend: _____

Parents Married _____ yrs, If Divorced you were age _____ You lived w/ _____

Mother remarried Y/N # _____ Father Remarried Y/N # _____

Contact w/ non custodial parent was: _____

Relationship w/ Step Fa was: _____

w/ Step Mo was: _____

Sibling Birth Oder: Name/Age, Gender, Biological/Step/or Half, Parent:

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

Happiest memory of childhood _____

Worst memory of childhood _____

History of Abuse: Verbal Y/N Emotional Y/N Physical Y/N Sexual Y/N Explain:

Family's History: (Depression, Anxiety, Subst Abuse, Suicide Attempts, Hosp ..)

Mother: _____ Maternal Grandparents: _____

Aunts/Uncles: _____ Cousins: _____

Father: _____ Paternal Grandparents: _____

Aunts/Uncles: _____ Cousins: _____

Siblings: _____ Kids: _____

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Alcohol use:

Beer # _____ per day, # days _____ per week

Wine # _____ per day, #days _____ per week

Hard Liquor # _____ per day, # days _____ per week

Last Marijuana use _____ Freq per day _____ week _____

Substances that you use socially/ recreationally: _____

Substances you abuse: _____ Freq per day _____ week _____

Have you or anyone close to you ever been concerned about your Alcohol or substance use? _____ Tobacco use per day _____

MENTAL/ HEALTH TREATMENT:

Past or present treatment by a **Psychiatric** Dr. Y/N:

Dr. _____ for _____ Yr _____

Dr. _____ for _____ Yr _____

If any more or any Residential treatment or Psychiatric hospitalizations please list, by date, on separate paper

Mental health Counselors: Current _____ Since _____ for _____
If considering a change why? _____

Past:

Counselor _____ Age/Year _____ how long _____ for _____

Counselor _____ Age/ Year _____ how long _____ for _____

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Any past or present **Medical** Conditions: _____
chronic conditions _____ Hosp: _____ Surgeries: _____

Allergic to any RX? _____

Past Medication: _____ for _____ by Dr. _____
_____ for _____ by Dr. _____
_____ for _____ by Dr. _____
_____ for _____ by Dr. _____

Current Medication, Herbs & Supplements, include contraception:

_____ for _____ dose: _____ by Dr. _____
_____ for _____ dose: _____ by Dr. _____
_____ for _____ dose: _____ by Dr. _____
_____ for _____ dose: _____ by Dr. _____

Add separate page if additional space is needed

Any other important information to share: _____

OFFICE NOTES: Potential Tx Goals: _____

Plan _____

HMWK _____ RTC _____

Rhonna W. Phillips, MA Date

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PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE & ASSESSMENT

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Address: _____ City _____ State: ___ Zip _____

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Ethnicity as: _____ Country born in: _____

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Military service? You or close relative? _____

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Currently living with? _____ Referred by: _____

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Biological Children of this relationship	Stepchildren of this relationship
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Names/Gender/Age:	Names/Gender/Age:
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If Divorced, how long/yrs _____ Why did the rel end? _____

Biological Children of this relationship

Stepchildren of this relationship

Names/Gender/Age:

Names/Gender/Age:

Which of these children visit w/you now? _____

Any that do not, why? _____

Other PAST Significant Intimate Relationships _____

CURRENT intimate relationship status:

Dating, Girl/Boyfriend, Live together, Married. If married, # _____

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Names/Gender/Age:

Names/Gender/Age:

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w/ Step Mo was: _____

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1st _____

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Happiest memory of childhood _____

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Mother: _____ Maternal Grandparents: _____

Aunts/Uncles: _____ Cousins: _____

Father: _____ Paternal Grandparents: _____

Aunts/Uncles: _____ Cousins: _____

Siblings: _____ Kids: _____

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Beer # _____ per day, # days _____ per week

Wine # _____ per day, #days _____ per week

Hard Liquor # _____ per day, # days _____ per week

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Substances that you use socially/ recreationally: _____

Substances you abuse: _____ Freq per day _____ week _____

Have you or anyone close to you ever been concerned about your Alcohol or substance use? _____ Tobacco use per day _____

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Dr. _____ for _____ Yr _____

Dr. _____ for _____ Yr _____

If any more or any Residential treatment or Psychiatric hospitalizations please list, by date, on separate paper

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Counselor _____ Age/Year _____ how long _____ for _____

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Allergic to any RX? _____

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_____ for _____ by Dr. _____.

_____ for _____ by Dr. _____.

_____ for _____ by Dr. _____.

Current Medication, Herbs & Supplements, include contraception:

_____ for _____ dose: _____ by Dr. _____

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_____ for _____ dose: _____ by Dr. _____

Add separate page if additional space is needed

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HMWK _____ RTC _____

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Date

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