



PO Box 763  
280 Main Street, Suite 14  
Hill City, SD 57745  
Office: 605.390.8791

403 National Street, Ste 1  
Rapid City, SD 57702  
Office: 605.390.8791

## Client Intake Form

Name: \_\_\_\_\_

### A. Religious, ethnic, and gender identification

Current religious denomination/affiliation if any (specify): \_\_\_\_\_

Involvement:  None  Some/irregular  Active

How important are spiritual concerns in your life? \_\_\_\_\_

Ethnicity/national origin or other similar way you identify yourself and consider important:

\_\_\_\_\_

What gender do you identify with? \_\_\_\_\_

### B. Your education and training

Dates	Schools	Special classes?	Did you graduate?
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### C. Employment and military experiences

Dates	Name of employers	Job title or duties	Reason for leaving
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### D. Legal History

Dates	Convictions	Incarcerations	Probation or Parole status
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**E. Family-of-origin History**

Relative      Name      Age (or age at death if deceased)      Education      Occupation

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Parent/Guardian

Parent/Guardian

Siblings

Stepparents

Grandparents

**F. Marital/life partner/relationship history**

**G. Children**

Name      Current age      Gender      School Grade

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**H. Health Status**

Chronic/serious Illnesses



**L. Self-harm history:** (cutting, suicide attempts, risky behaviors)

**M. Trauma - Any Other Information**

**N. Goals for Counseling**

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.