



THE UNIVERSITY of
MISSISSIPPI

**COUNSELOR EDUCATION CLINIC FOR OUTREACH AND PERSONAL
ENRICHMENT (COPE)**

INTEGRAL INTAKE

Client's Name _____ Age _____ Date First Seen _____

Home Phone (_____) _____ (message: Y/N) Work Phone (_____) _____ (message:
Y/N)

Address _____ City _____ Zip _____

Date of Birth _____ Referral Source _____

Emergency Contact: Name _____ Phone (_____) _____

**(Please use the back side of this form if you need more space to respond to *any* of the
questions)**

PRELIMINARY ISSUES AND PREVIOUS THERAPY

What is the primary concern or problem for which you are seeking help?

What makes it better? What makes it worse?

Are there any *immediate* challenges or issues that need our attention? Yes/No. If yes, please describe.

Have you had previous counseling or psychotherapy? Yes/No. From when to when? With whom?

What was your experience of therapy? (What was your previous therapy like?)

What was most helpful about your therapy?

What was least helpful about your therapy?

What did you learn about yourself through your previous therapy?

What do you expect from me and our work together?

PERSONAL/SUBJECTIVE

What are your strengths?

What are your weaknesses?

How would you describe your general mood/feelings?

What emotions do you most often feel most strongly?

What are the ways in which you care for and comfort your self when you feel distressed?

How do you deal with strong emotions in yourself?

How do you respond to stressful situations and other problems?

How do you make decisions (for example, do you use logic and reason? do you trust your gut and heart)?

Are you bothered by recurring images or thoughts (either while awake or in dreams)? Yes/No If yes, please describe.

Have you ever attempted to kill yourself or anyone else? Yes/No. If yes, please describe.

Are you presently experiencing suicidal thoughts? Yes/No. If yes, please describe.

Has anyone in your family ever attempted or committed suicide? Yes/No. If yes, please describe.

Have there been any births, deaths, serious illnesses, or other losses or changes in your family that have affected you? Yes/No. If yes, please describe.

What is your earliest memory?

What is your happiest memory?

What is your most painful memory?

Where in your body do you feel stress (shoulders, back, jaw. etc.)?

Do you have ways in which you express yourself creatively and/or artistically? Yes/No. If yes, please describe.

Describe your leisure time (hobbies/enjoyment).

Have you ever been a victim of, or witness to, verbal, emotional, physical and/or sexual abuse? Yes/No

If yes, please

describe. _____

In general, how satisfied are you with your life?

Not at all 1 2 3 4 5 6 7 Very

In general, how do you feel about yourself (self-esteem)?

Very bad 1 2 3 4 5 6 7 Very good

In general, how much control do you feel you have over your life and how you feel?

None at all 1 2 3 4 5 6 7 A lot

Please mark any of the following emotions that you often feel:

- angry
- sad
- lonely
- afraid
- anxious/worried
- shameful/guilty
- jealous
- happy
- grateful/thankful
- excited
- energetic
- hopeful
- relaxed/peaceful
- other emotions you often feel:

PERSONAL/OBJECTIVE

Please list any medications you are presently taking (dosage/amount and what the medication is for).

Do you have a primary care physician? Yes/No. If yes, who is it? _____

Height _____ Weight _____ lbs.

When was your last physical? _____ Were there any noteworthy results (diseases, blood pressure, cholesterol, etc.)? _____

Have you ever suffered a head injury or other serious injury? Yes/No. If yes, please describe.

What other significant medical problems have you experienced or are you experiencing now?

Please mark any of the following behaviors or bodily feelings that are true of you:

- drink too much
- use illegal drugs
- eat too much
- eat too little
- neglect friends and family
- neglect self and your own needs
- difficulty being kind and loving to yourself
- act in ways that end up hurting yourself or others
- lose your temper
- seem to **not** have control over some behaviors
- think about suicide
- have difficulty concentrating
- spend more money than you can afford to
- crying
- any other behaviors you would like me to know about?

-
- headaches
 - menstrual problems
 - dizziness
 - heart tremors
 - jitters
 - sexual difficulties
 - tingling/numbness
 - excessive tiredness
 - hear or see things not actually there
 - blackouts
 - do you have any other bodily pains or difficulties? Yes/no. If yes, what are they?
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In general, how would you rate your physical health?

Very unhealthy 1 2 3 4 5 6 7 Very healthy

Describe your current sleeping patterns (How many hours per night? Do you sleep straight through or do you wake up during the night?). _____

Do you feel rested upon waking? Yes/No

Describe your normal eating habits (types of food, and how much).

Do you take vitamins and other nutritional supplements? Yes/No If yes please describe.

Describe your drug and alcohol use (both past and present).

Do you engage in some form of exercise (aerobic and/or strength building)? Yes/No If yes, please describe.

Do you have any communication impairments (sight, hearing, speech)? Yes/No If yes, please describe.

INTERPERSONAL/SYSTEM/SUBJECTIVE

Describe your relationships, including friends, family, and co-workers.

What is important and meaningful to you (what matters the most to you)?

In general, how satisfied are you with your friendships and other relationships?

Not at all 1 2 3 4 5 6 7 Very

In general, how comfortable are you in social situations?

Not at all 1 2 3 4 5 6 7 Very

In general, how satisfied are you with your religion/spirituality?

Not at all 1 2 3 4 5 6 7 Very

Which emotions were encouraged or commonly expressed in your family of origin?

Which emotions were discouraged or not allowed in your family of origin?

What emotions are most comfortable for you now?

What emotions are most uncomfortable for you now?

How do you identify yourself ethnically? How do you describe yourself culturally?

How did your *family of origin* (family you grew up with) express love and care?

How does your *current family* express love and care?

How did your *family of origin* (family you grew up with) express disapproval?

How does your *current family* express disapproval?

Describe your romantic/love relationships (past/present).

Describe your sexual identity, desires and behavior. Where are they in alignment? Where are they in conflict?

What beliefs do you have about sex? How important to you are those beliefs?

Do you have a religious/spiritual affiliation and/or practice? Yes/No. Please explain.

What do your beliefs about religion/spirituality mean to you? How important to you are those beliefs?

What are some of your most important morals? How important to you are those morals?

What do your views/beliefs about politics mean to you? How important to you are those views/beliefs?

What do your views about environmental concerns mean to you? How important to you are those views?

Are you involved with any cultural activities or institutions? Yes/No. If yes, please describe.

INTERPERSONAL/SYSTEM/OBJECTIVE

Describe your current *physical* home environment. For example, describe the layout of your home, and other general conditions, such as, is it well-lighted?, do you have A/C?, heating?, etc.

Describe your current *social* home environment (how do you get along with those who live with you?)

Describe your neighborhood. (Is it safe/dangerous, nice/unpleasant, quiet/loud, etc.?)

Describe your work environment (include co-workers and supervisors who directly affect you).

Do you have a romantic/sexual partner? Yes/No Have you been in a domestic partnership before? Yes/No
If yes, please describe.

Do you have any children? Yes/No. Are they currently living with you? Are you currently involved in a custody dispute? Yes/No. If yes, please describe.

What aspects of your life are stressful to you? Please describe.

What sort of support system do you have (friends or family who help you in times of need)?

List your **family of origin** (family you grew up with), beginning with the oldest, include parents and yourself.

Name	Age	Gender	Relationship to you (include "step" and "half", etc.)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

