



Dr. Miho Counseling Room

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Counseling Intake Form (Adults)

This questionnaire is necessary for me to better understand my clients and to better ensure assistance in clients' personal growth. I appreciate your cooperation. If self-discovery is the purpose of your counseling, please fill in the sections you deem necessary as appropriate. If you would like to make the most of the time of your initial consultation, I recommend that you complete and submit this questionnaire in advance.

Today's Date:

1. General Information

Name:

Date of Birth:

Address:

Phone Number:

Email Address:

References (if any):

Emergency Contact

Name:

Relationship to You:

Telephone Number:

(I will not contact the person unless the matter exceeds the confidentiality of the counseling.)

Your Current Challenges / Concerns:

2. How long has the above mentioned concerns gone on?

3. Have you previously received / are you receiving any type of mental health services (counseling, psychotherapy, psychiatric services, etc.)? Please describe the details if you have / are.

4. Are you currently taking any medication? If so, please list them.

5. Please describe your family structure. Please also briefly mention their age, occupation (or student status), relationship with you, personality, or issues (if they have any).

Current Family:

Family of Origin:

6. About Your Health

1) How would you rate your current physical health? (Please choose one.)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2) How would you rate your current sleeping habits? (Please choose one.)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

3) Please list any difficulties you experience with your appetite or eating patterns if you have.

4) Are you currently experiencing overwhelming sadness, depression, anxiety, panic attacks or have any phobias? If yes, for approximately how long?

5) What significant life changes or stressful events have you experienced recently?

7. Additional Information

1) Are you currently employed? If yes, what is your current employment situation? Do you enjoy your work? Is there anything stressful about your current work? (If you are a student, please write about your school/university.)

2) Do you consider yourself to be spiritual or religious? If yes, describe your faith or belief.

3) What do you enjoy most in your life?

4) What do you consider to be some of your strengths?

5) What do you consider to be some of your areas of improvement?

6) What would you like to accomplish out of your time in counseling?

