

**NICOLETTI-FLATER ASSOCIATES
PERSONAL INFORMATION/INTAKE**

IDENTIFYING INFORMATION:

Client Name(s): _____

Guardian(s) / Parent(s) (if client is under 16 years of age): _____

Phone: (H) _____ (W) _____ (C) _____

Best hours to reach you: _____

Permanent Address: _____

Social Security #: _____ Health Insurance Carrier: _____

In case of emergency contact: _____ Relation: _____

Address: _____ Phone: _____

How did you hear about Nicoletti-Flater Associates? _____

Date of birth of client: _____ Age: _____

Police department affiliation: _____ Relationship to officer: _____

Last year of school completed: _____ School attending (if child/adolescent): _____

Occupation: _____

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PREVIOUS COUNSELING:

____ Nicoletti-Flater Associates (dates: _____)

____ Private therapist (name: _____ dates: _____)

____ Drug/alcohol treatment (where: _____ dates: _____)

____ Other (specify: _____ dates: _____)

____ None

Reactions to previous counseling: _____

HEALTH:

Client's existing medical problems or current physical symptoms: (please describe)

List current medications: _____

(over)

Use of:

Alcohol: _____ how often: _____
Caffeine: _____ how often: _____
Tobacco: _____ how often: _____
Other drugs: _____ how often: _____ what types: _____

PLEASE STATE BRIEFLY WHAT YOU WOULD LIKE TO DISCUSS WITH A THERAPIST: _____

PLEASE CHECK ALL OF THE EXISTING SYMPTOMS OR PROBLEMS WHICH APPLY:

- sleep disturbance (specify) _____
- change in eating behavior (specify) _____
- phobias (specify fears) _____
- substance abuse(specify) _____
- chronic pain (specify) _____
- obsessive thoughts (specify) _____
- compulsive behavior (specify) _____
- learning disability (specify) _____
- parenting (specify) _____
- sexual dysfunction (specify) _____
- death of a loved one (specify) _____
- withdrawal
- sexual orientation /sexual identity
- guilt, remorse, shame
- depression
- sexual abuse memories
- suicidal thoughts
- uncontrolled / unprovoked crying
- continuous anxiety / nervousness
- panic attacks
- muscle tension
- divorce
- social anxiety
- stress
- assertiveness
- other (specify) _____
- weight change
- hyperactivity
- uncontrolled temper outburst
- physical violence
- abusive relationship
- hopelessness/helplessness
- missing school / work
- irritability
- difficulty with decisions
- chronic illness
- headaches
- self-doubts / low self-esteem
- attention / concentration problems

Signature _____

Date _____