

**Jim Colbert, M.Ed., LPC**  
**Client Demographic & Intake Information**

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**Demographic Information:**

Client's Name: \_\_\_\_\_ Client Social Sec # : \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Client Status: \_\_\_\_\_ Employed \_\_\_\_\_ F/T Student \_\_\_\_\_ P/T Student \_\_\_\_\_ Work at Home  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Client Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_ Is it okay to leave messages? \_\_\_\_\_ Email: \_\_\_\_\_  
Which do you prefer for appointment reminder contacts? \_\_ email \_\_ home \_\_ cell \_\_ no reminder contacts  
Primary Care Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current medications: \_\_\_\_\_  
In Case of Emergency Notify: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Educational/Occupational: Adults**

Highest Grade Completed; \_\_\_\_\_ College: \_\_\_\_\_ Graduate School: \_\_\_\_\_  
Are you currently employed? \_\_\_\_ With \_\_\_\_\_ How long? \_\_\_\_\_  
Like/Dislike/Secure: \_\_\_\_\_ Do you commute? \_\_\_\_\_  
Describe your drive \_\_\_\_\_

**Educational/Occupational: Teens and Children:**

Current Grade: \_\_\_\_ School: \_\_\_\_\_ Resource, LD, ED or Special Ed. \_\_\_\_\_  
Ever failed a grade? Y N Which and Why: \_\_\_\_\_ Favorite class: \_\_\_\_\_  
Worst Class: \_\_\_\_\_ Do you skip? Y N Some  
Extracurricular Activities: \_\_\_\_\_  
Problems at school: \_\_\_\_\_

**Family Structure, Relationship and Social Roles:**

Married: \_\_\_\_ Divorced: \_\_\_\_ Separated: \_\_\_\_ Single: \_\_\_\_ Dating: \_\_\_\_ How long? \_\_\_\_  
Name of Adult's Spouse or Significant Other: \_\_\_\_\_  
Names and ages of Parents, children, siblings living in the home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Additional Support or family in the home: \_\_\_\_\_  
Describe friends and activities that you enjoy with them \_\_\_\_\_  
\_\_\_\_\_  
Are you (the client) outgoing, active, shy, withdrawn or it depends: \_\_\_\_\_  
Do You attend Religious services? \_\_\_\_\_ Which Denomination? \_\_\_\_\_

**Significant Life Events:**

Birth \_\_\_\_ Death \_\_\_\_ Moving \_\_\_\_ Miscarriage/fertility problems \_\_\_\_ Divorce \_\_\_\_ Change of Job \_\_\_\_  
Behavior \_\_\_\_ Sleep Patterns \_\_\_\_ Friends \_\_\_\_ Appearance \_\_\_\_ Other \_\_\_\_  
Significant illness of you or someone close? \_\_\_\_ Victim of a crime \_\_\_\_  
Arrest \_\_\_\_ Loss of relationship \_\_\_\_ Runaway \_\_\_\_  
Traumatic event (car wreck, natural disaster, military) \_\_\_\_  
History of Physical or sexual abuse or neglect? \_\_\_\_  
History of emotional/verbal abuse or neglect? \_\_\_\_

**Emotional/Psychological/Mental Health:**

Have you ever participated in therapy before? When? \_\_\_\_  
Any family history of depression, ADD/ADHD, schizophrenia, anxiety? Who? \_\_\_\_  
\_\_\_\_\_  
Change in appetite? Describe \_\_\_\_  
How many hours a night do you sleep? From/To \_\_\_\_  
Trouble falling asleep? \_\_\_\_ Awakenings? \_\_\_\_ Dreams/nightmares? \_\_\_\_  
Trouble staying focused, concentrating, staying on task? \_\_\_\_ Thoughts racing; jumping from topic to topic? \_\_\_\_  
Feelings of paranoia, being watched or followed? \_\_\_\_ Hallucinations? \_\_\_\_ Delusions? \_\_\_\_  
Grandiose/Manic? \_\_\_\_ Rituals? \_\_\_\_ Flashbacks? \_\_\_\_ Self injury? \_\_\_\_  
Preoccupations with behavior numbers or thoughts? \_\_\_\_ Excessive worry/anxiety \_\_\_\_  
Sadness/Loneliness? \_\_\_\_ Feelings of wanting to harm yourself or others? \_\_\_\_  
Feelings of wanting to die? When \_\_\_\_  
Suicide Attempt(s)? When? \_\_\_\_  
How do you react when you are:  
Angry \_\_\_\_  
Happy \_\_\_\_  
Sad \_\_\_\_  
What has brought you here? What symptoms, feelings, thoughts, etc, prompted you to seek counseling?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What would you like to accomplish in therapy? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is there anything else you would like for me to know? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Therapists Notes:

\_\_\_\_\_  
Date

\_\_\_\_\_  
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