



Health & Wellness Center
1685 Lance Pointe Dr. Maumee, 43537
(419) 891-2181
www.SerenityHealthMaumee.com

Serenity Counseling/Life Coaching Intake Form

Name _____ Age _____
Birthdate _____
Address _____
City _____ State _____
Zip _____
Email _____
Home Phone _____ Cell Phone: _____
Occupation _____ Employer _____
Marital Status _____ Name of Spouse/Partner _____
How long have you been together? _____ Religion _____
Do you have any children? If yes, how many and how old are they? _____

Do You Smoke? _____ If yes, how much? _____
Do You Drink? _____ If yes, how much? _____
Do You Take Drugs? _____ If yes, what kind? _____
How often? _____
Last Medical Examination _____ Reason _____
Are you currently under a doctor's care? _____ If yes, Doctor's name: _____
Reason for doctor's care: _____
Are you taking any medication? _____ If yes, what kind? _____
Reason for medication: _____

Have you been diagnosed with any type of psychological disorder(s)? If yes, please explain_____

Have you ever been hospitalized for a physical illness? If yes, please describe:_____

Have you ever been hospitalized for a mental illness, personality disorder, anxiety disorder, etc.? If yes, please describe: _____

Have you had any previous counseling? If yes, when and for what length of time/number of sessions? _____

What type(s) of counseling/life coaching are you going to be receiving? (individual, couples, family, other): _____

Who referred you to Dr. Hickey/Serenity or how did you hear about us? _____

What do you ultimately wish to achieve with your counseling/life coaching? _____

Check Any of the Following That May Apply to You:

☐ Headache
☐ Dizziness
☐ Fainting Spells
☐ No Appetite
☐ Over-Eating
☐ Stomach Trouble
☐ Bowel Disturbances
☐ Always Tired
☐ Always Sleepy
☐ Unable To Relax
☐ Insomnia
☐ Recurrent Dreams
☐ Nightmares
☐ Hallucinations

☐ Inferiority Feelings
☐ Feel Tense
☐ Feel Panicky
☐ Fears and Phobias
☐ Obsessions
☐ Depressed
☐ Suicidal Ideas
☐ Take Tranquilizers
☐ Alcoholism
☐ Dangerous Drugs
☐ Allergy
☐ Asthma
☐ Homosexuality
☐ Sexual Problems

☐ Shy With People
☐ Can't Make Friends
☐ Afraid Of People
☐ Home Conditions Bad
☐ Unable To Have A Good Time
☐ Always Worried About Something
☐ Don't Like Weekends/Vacations
☐ Can't Make Decisions
☐ Perfectionist
☐ Financial Problems
☐ Gambling
☐ Job Problems
☐ Can't Keep A Job
☐ Other_____

Client Signature_____ Date_____