



Welcome to The Maple Counseling Center. We ask your cooperation in filling out the following forms. This information is confidential and will assist your intake counselor in assessing your needs.

There is a \$65.00 fee for this intake, due today and (\$20.00 for Beverly Hills City or school district employees). In order to set the fee for your ongoing therapy, we ask that you provide proof of income. Examples may be: last years tax form, a current pay stub or if no income, a written monthly budget.



INTAKE FORM - GROUP

Name: _____ DOB: _____

Male: _____ Female: _____ Marital Status: _____

Address: _____
Street Address (Apt. #)_City State Zip

Phone: (____) _____ # of Household Members: _____
OK to say TMCC? Yes ___ No

Employer: _____ Phone: (____) _____
OK to say TMCC? Yes ___ No

Address: _____
Street Address (Apt. #)_City State Zip

In Case of Emergency Notify: _____ Phone: (____) _____
OK to say TMCC? Yes ___ No

Responsible Adult (if minor): _____ Phone: (____) _____

Primary Care Physician: _____ Phone: (____) _____

Psychiatrist: _____ Phone: (____) _____

Medical Problems: _____

List all medications that are currently being prescribed: _____

How did you hear about TMCC? _____

Type of support Group: _____

Please circle the symptoms you are currently experiencing.

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Sadness or Depression	0	1	2	3	Memory Problems	0	1	2	3
Suicidal Thoughts	0	1	2	3	Compulsive Behavior	0	1	2	3
Sleep Problems	0	1	2	3	Feelings of Hostility	0	1	2	3
Change in Appetite	0	1	2	3	Acts of Violence	0	1	2	3
Weight Change	0	1	2	3	Social Isolation	0	1	2	3
Inability to Concentrate	0	1	2	3	Strange Thoughts	0	1	2	3
Obsessive Thoughts	0	1	2	3	Sexual Problems	0	1	2	3
Tension/Anxiety	0	1	2	3	Other				
Panic Attacks	0	1	2	3					

1. Please check the box which best describes how well you are doing on your job:
0 1 2 3 4 5 6 7 8 9
Not Cannot Serious Moderate Mild No
Working Function Problems Problem Problems Problems

2. Please check the box which best describes how well you are doing in your marital/significant other relationship:
0 1 2 3 4 5 6 7 8 9
Not Cannot Serious Moderate Mild No
Applicable Function Problems Problem Problems Problems

3. Please check the box which best describes how well you are doing in your family relationships:
0 1 2 3 4 5 6 7 8 9
Not Cannot Serious Moderate Mild No
Applicable Function Problems Problem Problems Problems

4. Please check the box which best describes how well you are doing in relationships with people outside your family:
0 1 2 3 4 5 6 7 8 9
Not Cannot Serious Moderate Mild No
Applicable Function Problems Problem Problems Problems

5. Please check the box which best describes your current physical health:
0 1 2 3 4 5 6 7 8 9
Very Excellent
Poor

6. Please check the box which best describes your general happiness and well-being:
0 1 2 3 4 5 6 7 8 9
Very Excellent
Poor

Please Circle:

Alcohol Use: Never 1-4 timer per month 2-3 per week Daily How Long

Level of Consumption: 1-2 drinks per sitting 3-4 drinks per setting 5 drinks or more

Intoxication Frequency: Never 1-4 timer per month 2-3 per week Daily

Substance Abuse Assessment: None Marijuana Sedatives Stimulants Cocaine Opiates Hallucinogenic

Frequency: Never 1-4 timer per month 2-3 per week Daily

Do you or anyone in your family have a history of alcohol or chemical abuse? _____

Have you ever been arrested? _____

For Intake Worker -- Additional Comments: _____

