



7601 Conroy Windermere Rd.  
Suite 203  
Orlando, FL 32835

Telephone: 407-704-1461  
Fax: 407-704-1501  
[www.happymindcompany.com](http://www.happymindcompany.com)

**Counseling Confidential Information**

**Client Information:**

Date of Birth: \_\_\_\_\_

1. Client Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Address (street): \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. Sex: M F

7. Place of Employment: \_\_\_\_\_

8. Student/School: \_\_\_\_\_

9. Is the client currently on any medication? If so what/how much? \_\_\_\_\_

**Parental Information: (If client is a minor)**

10. Parents Name: \_\_\_\_\_

11. Parents' Marital Status: Single Married Divorced Separated

12. If parents are divorced or separated, who has primary custody? Mom Dad Other: \_\_\_\_\_

13. Both parents must consent and sign the "Treatment Consent Form" prior to meeting with the counselor

14. Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

15. E-mail Address: \_\_\_\_\_

**In Case of Emergency:**

16. Relative or friend not residing with client: \_\_\_\_\_

17. Relationship to Client: \_\_\_\_\_

18. Address: \_\_\_\_\_

19. Phone Number: \_\_\_\_\_

*In the unfortunate event that this account is assigned to any attorney for collection and/or suit, the prevailing party shall be entitled to any and all attorney's fees and costs of collection. Also, an additional fee of 40% of the amount owed will be added for collection charges.*

**Please be sure to review and acknowledge The Happy Mind Companies Financial, Medication and Practice Policies, found at the end of this packet.**

*IF YOU ARE UNABLE TO KEEP AN APPOINTMENT, PLEASE GIVE 48 HOURS NOTICE  
A \$75.00 CHARGE WILL BE IMPOSED FOR THE TIME RESERVED.*



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**Confidential Client Intake**

**(This form to be filled out by patient or legal guardian for patient)**

*Please fill out as much of the following information as possible. It will greatly aid your counselor in understanding and assisting you. If you feel uncomfortable about a particular question, leave it blank and speak to your counselor about it.*

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Partner's name: \_\_\_\_\_ His/Her Birthday: \_\_\_\_\_

How long have you been in the relationship: \_\_\_\_\_

Are you a blended Family: \_\_\_\_\_

Names of your children:

_____	DOB _____	Sex _____
_____	DOB _____	Sex _____
_____	DOB _____	Sex _____
_____	DOB _____	Sex _____
_____	DOB _____	Sex _____

Presenting Problem: State in your own words the nature of the issues which brought you to counseling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did your problem(s) begin? Give dates as best as you can remember: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work \ School:**

What is your present occupation / school: \_\_\_\_\_

How long have you been at the place of employment / school: \_\_\_\_\_

How do you feel about your work or school? ( ) Hate it ( ) Tolerate it ( ) Like it

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hopes or aspirations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**Family Information:**

Your parents: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Are parents deceased: \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Parents: Mother \_\_\_\_\_ Father \_\_\_\_\_  
Are parents deceased? \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

Brothers/Sister: \_\_\_\_\_ Age \_\_\_\_\_

**Counseling:**

Have you ever been treated by a professional therapist (Psychiatrist, psychologist, mental health counselor, social worker) Yes \_\_\_ No \_\_\_

When and with whom: \_\_\_\_\_

Are you on any medication? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Any inpatient treatment? Yes \_\_\_ No \_\_\_

If so where and when? \_\_\_\_\_

Any illegal drug use? Yes \_\_\_ No \_\_\_

If so, when, what, and how much? \_\_\_\_\_

