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Please check one:

This intake is completed for an intake appointment scheduled via:

telehealth office phone

- * *All new clients, please print and complete the forms.*
- * *For office appointments, bring the completed forms to your first appointment.*
- * *For telehealth and phone appointments: all completed forms must be emailed to djhugheslmhc@yahoo.com prior to scheduling an appointment.*
- * ***Telehealth and phone appointments, email or text me a copy of a photo ID.***
- * *Telehealth clients, please log into Doxy.me.com at <https://doxy.me/hugheslmch> five minutes before your scheduled appointment.*
- * *Phone appointments, please call 765-237-7652 a few minutes before or at the time of your appointment.*

Client Confidential Information:

Name: _____ Todays Date: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone Numbers: Home: _____ Work: _____ Mobile: _____
 Email Address: _____ Age: ____ Date of Birth: _____
 Gender Identity: _____ Preferred Pronouns: _____

Briefly describe the concerns which led you to request counseling at this time:

Education:

(Select highest grade completed) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 22+
 Degrees/date attained: _____

Relationship Status _S _M _D _W _Cohabiting _Separated
 Other: _____

Significant Other: Name: _____ Age: ____ Years together: ____

Number of children: ____ Children Ages/names: _____

Please list any health, educational or legal concerns for your children:

Father's Name: _____ Age: ____ Occupation: _____ Date of Death: _____

Mother's Name: _____ Age: ____ Occupation: _____ Date of Death: _____

How would you describe your parents' relationship?

Which parent were you closer to growing up and why?

Number of siblings: ___ Ages/names:

Which siblings were you closer to growing up and why?

Which sibling do you remain close to and why?

Please list those in your current emotional support system.

Have you ever been arrested? If yes, what were the charges and what was the disposition of the case:

What types of, and how much alcohol do you consume in the average week?

What is your history of drug use?

Briefly describe your high school experience:

What religious affiliation did you grow up with? _____

What is your current religious affiliation? _____

Current Employer: _____ Job: _____ How long? _____

What is the best _____ and worst _____ thing about your job?

Previous Employer: _____ Job: _____ How long? _____

Why did you leave? _____

Please provide history of abuse.

___ Verbally/emotionally/psychologically, when and by whom?

___ Sexually when and by whom?

___ Physically when and by whom?

___ Other trauma history:

What is your earliest childhood memory?

How do you feel when you recall that childhood memory? _____

What leisure or volunteer activities do you pursue?

In the spaces below, please list four or five of your character traits:

Positive: _____

Negative: _____

Please list your current personal care physician:

Name: _____ Address: _____

Phone: _____ When was your last physical? _____

What surgeries or physical injuries have you had?

What health concerns do you have?

Please list your current medications, the prescribing physician, the reason, and length of time

Medication	Physician	Reason	Length of time

What is your family's history for mental illness and its treatment?

Please list your previous counseling/psychiatric experiences including psychiatric hospitalization. Facility, Therapist, Dates, Length of treatment:

Please share what you learned in your previous counseling experience(s):

What family members have served in the U. S. military?

Your Military History:

What significant losses have you experienced and when?

What are a few of your "go to" coping strategies?
