

**Intake Assessment (Page 1)**

**Client Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_

**Assessed Problems**

**Dependency/Addiction**

- Client Alcohol/Drug
- Family Alcohol/Drug
- Positive Drug Test
- Gambling
- Sexual
- Spending

**Relationship**

- Marital
- Significant Other
- Parent/Child

**Abuse**

- Sexual
- Physical

**Work**

- Performance
- Job Related Stress
- Interpersonal
- Sexual Harassment
- Career

**Emotional/Psychological**

- Depression
- Anxiety
- Grief
- Suicidal
- Anger
- Trauma

**Work-Life**

- Legal
- Financial
- Medical
- Other \_\_\_\_\_

**Client Presentation**

**Appearance**

- Appropriate
- Disheveled
- Inappropriate

**Attitude**

- Cooperative
- Guarded
- Suspicious
- Uncooperative

**Motor Activity**

- Calm
- Agitated
- Tremors/Tics
- Psychomotor Retardation

**Speech**

- No Problems
- Perseverating
- Pressured
- Incoherent

**Mood**

- Appropriate
- Anxious
- Agitated
- Angry
- Euphoric
- Loud
- Depressed

**Affect**

- Appropriate
- Anxious
- Blunted/Constricted
- Expansive
- Labile
- Sad

**Anxiety**

- NA
- Mild
- Moderate
- Panic Attacks
- Severe

**Depression**

- NA
- Mild
- Moderate
- Severe
- Suicidal

**Cognitive Function**

- Intact
- Impaired

**Orientation**

- Fully Oriented
- Disoriented

**Judgment**

- Intact
- Poor
- Impaired

**Insight**

- Intact
- Limited
- Impaired

## Intake Assessment (Page 2)

### Medical/Psychiatric History

**Medical History:** \_\_\_\_\_

Medication \_\_\_\_\_

**Psychiatric History:** \_\_\_\_\_

Medication \_\_\_\_\_

### **Drug/Alcohol History:**

No  Yes \_\_\_\_\_

### **Substance Abuse Assessment:**

No  Yes \_\_\_\_\_

SASSI given?  No  Yes

### **Family Alcohol/Drug History:**

No  Yes \_\_\_\_\_

### **Work History/Performance Issues:**

No  Yes \_\_\_\_\_

### **Financial/Legal:**

No  Yes \_\_\_\_\_

### **History of Abuse:**

No  Yes If yes, use Abuse questionnaire.

**If yes, has the abuse been reported? If not, you are responsible for reporting it.**

### **Suicidal Risk Assessment:**

Ideation  No  Yes

Plan  No  Yes

**If there is a risk of violence to self or others, contact SAI immediately following counseling session.**

### **Assessment/Intervention Plan:**

\_\_\_\_\_  
**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_