



Helping Others  
Resolve Their  
Problems

# Steve Bell, MA LPC

Licensed  
Professional  
Counselor

## Intake and Psychosocial Assessment

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Phone # \_\_\_\_\_

Desired Form of Contact:  Text  Email Occupation \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

### Presenting Problems/Stressors / Please check all that apply:

Marital  Health  Work  Financial  Parent/Child  Issues of the Past

Self Harm  Drugs / Alcohol  Other \_\_\_\_\_

### Symptoms: Please check all that apply:

Change in Sleep Patterns  Depressed Mood  Mood Swings  Decreased Energy

Decreased Interest in things that were pleasurable  Anger Issues

Decreased Concentration  Changes in appetite + -  Thoughts of Death

Decreased Motivation  Anxiety/Worry  Panic Attacks  Suicide Attempts

Are you presently suicidal/Homicidal

What event(s) have prompted you to seek counseling?

\_\_\_\_\_

Do you have any experience with counseling?

Were you referred to my practice? By who \_\_\_\_\_

If not referred, how did you find my practice \_\_\_\_\_