THE CARPENTER'S WORKSHOP

www.carpentersworkshop.org
(973) 692-7770 (call or text)
office@carpentersworkshop.org

New Client Intake Packet

Today's Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Gender: Male [ ] Female [ ] Date of Birth _____

Contact Info:

Phone: [ ] Home _____ Okay to leave message? [ ] Yes [ ] No

[ ] Cell _____ Okay to leave message? [ ] Yes [ ] No

[ ] E-Mail _____ Okay to email?* [ ] Yes [ ] No

*Please note that email correspondence is not considered a confidential medium of correspondence.

Emergency Contact:

Name: _____ **Relationship:** _____

Phone: _____

Referred by: _____

Consent for counseling of Minors (Age 17 & Under)

This is to certify that I give permission for the minor named above to participate in counseling offered by The Carpenter's Workshop Counseling Services. In situations of divorce or separation where both parents have custodial rights, each parent must provide consent.

Printed Name of Parent/Guardian: _____

_____ Date: _____

Signature of Parent/Guardian

Printed Name of Parent/Guardian: _____

_____ Date: _____

Signature of Parent/Guardian

Page PAGE * MERGEFORMAT

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Akina Lam, MA, MFT
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Health Information:

How would you rate your current physical health?

[ ] Poor [ ] Unsatisfactory [ ] Satisfactory [ ] Good [ ] Very Good

How would you rate your current sleeping habits?

[ ] Poor [ ] Unsatisfactory [ ] Satisfactory [ ] Good [ ] Very Good

List all important past or present illnesses, injuries or disabilities:

_____

_____

_____

Date of last medical exam: _____

Name of Primary Physician: _____

Address: _____

_____

Please list all current medications (if any): _____

_____

_____

Have you ever used drugs for other than medical purposes? [ ] Yes [ ] No

If you answered "yes", please list: _____

_____

Have you ever been arrested? [ ] Yes [ ] No

Are you willing to sign a release or information form allowing your counselor to write for social, psychiatric or medical reports? [ ] Yes [ ] No

Have you recently suffered the loss of someone close to you? [ ] Yes [ ] No

If you answered "yes", please explain: _____

_____

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Education:

Last year completed (grade): _____

Other training/certification (types and year completed): _____

_____

Degree(s): _____

Marriage & Family Information:

Marital Status

[ ] Single [ ] Engaged [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

If Married, name of spouse: _____

Address (if different from client)**:** _____

_____

Phone: [ ] Home_____ [ ] Cell _____

Age: _____ Occupation: _____

Education: _____ Religion: _____

Is spouse willing to participate in counseling process? [ ] Yes [ ] No [ ] Uncertain

Date of marriage: _____ Ages at the time: [ ] You ____ [ ] Spouse ____

How long did you know your spouse prior to marriage? _____

Length of steady dating? _____ Length of engagement? _____

Have you ever been separated? [ ]Yes from _____ to _____ [ ] No

Have either of you ever filed for divorce? [ ]Yes When? _____ [ ] No

Provide brief information about any previous marriages: _____

_____

_____

Children:

Name	Age	Gender	Education	Marital Status

_____

_____

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Religious Background:

Denominational Preference: _____

Member of (church): _____

How many times do you attend per month? _____

What church, if any, did you attend as a child? _____

Baptized? [ ] Yes [ ] No

If married, religious background of spouse: _____

Baptized? [ ] Yes [ ] No

Do you consider yourself religious? [ ] Yes [ ] No [ ] Uncertain
Do you believe in God? [ ] Yes [ ] No [ ] Uncertain
Do you believe Satan exists? [ ] Yes [ ] No [ ] Uncertain
Have you ever "dabbled" with the "Occult"? [ ] Yes [ ] No [ ] Uncertain
Do you pray to God? [ ] Yes [ ] No
If yes, how often? [ ] Occasionally [ ] Frequently
Would you say you're a Christian? [ ] Yes [ ] No [ ] In Process
How often do you read the Bible? [ ] Occasionally [ ] Often [ ] Never
Do you have regular devotions? [ ] Don't understand [ ] Yes [ ] No

Explain recent changes, if any, in your religious life: _____

_____

Personality Information:

Have you ever had counseling in the past? [ ] Yes [ ] No
If yes, list counselors and dates:

_____

_____

_____

Describe outcome:

_____

_____

Describe the type of person you see yourself as:

_____

_____

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What, if anything, do you fear?

Is there any other information you can provide that would help us to help you? Have you suffered a loss from serious social, business or other reversals, etc.?

Family & Childhood Information:

If you were raised by anyone other than your biological parents, briefly explain:

How many older brothers ___ sisters ___ do you have?
How many younger brothers ___ sisters ___ do you have?
Are you on good terms with your Mother ____ Father ____ Brother ____ Sister ____
List people with whom you are extremely angry and the reason(s):

What kind of home did you grow up in? (Check all that apply)

[ ] Traditional (Father, Mother, Siblings)
[ ] Authoritarian (Father/Mother made rules without discussion. No other opinions allowed.)
[ ] Divorced: Lived with [ ] Father [ ] Mother [ ] Other: _____
[ ] Drug affected: [ ] Cocaine [ ] Heroin [ ] Marijuana [ ] Other _____
[ ] Perfectionistic (Everything had to be done just right to please)
[ ] Father [ ] Mother [ ] Both
[ ] Critical (One or both parents only remarked about the negative. Little praise for good things)
[ ] Affectionate: [ ] Demonstrative with hugs, kisses, etc. [ ] Affectionate, but not openly
[ ] Emotional: [ ] Crying allowed, but controlled [ ] Anger/screaming freely allowed

[ ] Repressed: [ ] Emotions not allowed to show [ ] Parents showed emotion, but kids not allowed to do so

[ ] Religious [ ] In name only [ ] Strict/Negative [ ] Hypocritical [ ] Genuine

[ ] Step-family [ ] Parents remarried [ ] One [ ] Both
[ ] Lived with step-siblings

[ ] Abusive [ ] Sexual [ ] Physical beatings [ ] Emotional [ ] Other

Where did you grow up? [ ] Urban [ ] Suburban [ ] Small Town [ ] Rural [ ] Farm

City, State: _____

What was your family's economic situation when you were a child?

[ ] Extremely Poor [ ] Poor [ ] Lower Middle Income [ ] Middle Income
[ ] Higher Middle Income [ ] Wealthy [ ] Extremely Wealthy

Were you ever sexually abused by anyone? [ ] Yes [ ] No

If yes, [ ] Relative [ ] Neighbor [ ] Other

Prosecuted? [ ] Yes [ ] No

What was your happiest memory as a child? _____

_____

_____

What was your unhappiest memory as a child? _____

_____

_____

Did you experience a major trauma when you were a child?

[ ] At Home: _____

[ ] At School: _____

[ ] At Neighbor's Home: _____

[ ] Relative's home: _____

[ ] Other: _____

How much television do you watch per day? _____

Favorite programs? _____

Favorite type of music? _____

Favorite entertainer(s)? _____

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Bio-Psychological Information

Have you ever felt people were watching you?	[ ] Yes	[ ] No
Do people's faces ever seem distorted?	[ ] Yes	[ ] No
Do you ever have difficulty distinguishing faces?	[ ] Yes	[ ] No
Do colors ever seem too bright?	[ ] Yes	[ ] No
Are you sometimes unable to judge distance?	[ ] Yes	[ ] No
Have you ever experienced hallucinations?	[ ] Yes	[ ] No
Are you afraid of being in a car?	[ ] Yes	[ ] No
Is your hearing exceptionally good?	[ ] Yes	[ ] No
Do you have problems sleeping?	[ ] Yes	[ ] No

Personal Behavior Habits

Do you drink coffee/other caffeinated drinks? [ ] Yes [ ] No Cups per day?_____

Do you smoke? [ ] Yes [ ] No How much? _____

Do you explode when you get angry? [ ] Yes [ ] No

Do you withdraw when you get angry or hurt? [ ] Yes [ ] No

Do you frequently argue with significant other people? [ ] Yes [ ] No

Women Only

Have you had any menstrual difficulties? [ ] Yes [ ] No

_____

Do you experience tension, tendency to cry, other symptoms prior to your cycle? Please explain:

_____

_____

_____

Briefly Answer the Following Questions:

Is your spouse willing to come for counseling? [ ] Yes [ ] No [ ] Unsure

Is your spouse supportive of you coming? [ ] Yes [ ] No [ ] Unsure

Check those which are current issues:

[ ] Anger	[ ] Envy	[ ] Appetite	[ ] Anxiety	[ ] Fear
[ ] Memory	[ ] Apathy	[ ] Gluttony	[ ] Moodiness	[ ] Bitterness
[ ] Guilt	[ ] Rebellion	[ ] Health	[ ] Sex	[ ] Children
[ ] Sleep	[ ] Depression	[ ] Impotence	[ ] Wife Abuse	[ ] Deception

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[ ] In-Laws [ ] A Vice [ ] Change in Lifestyle

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Describe your presenting issue:

What have you done about it?

What can we do? (What are your expectations in coming here?)

Is there any other information we should know?

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