

Quad Cities Counseling, PLLC  
Intake Form

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*Please note that all information in this form is kept confidential per our services contract.*

**Client Contact Information**

Name:(First) \_\_\_\_\_ (Last) \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

It is okay to leave a message at this number (circle one): Yes No

It is okay to text this number (circle one): Yes No

Alternate Number: \_\_\_\_\_

It is okay to leave a message at this number (circle one): Yes No

It is okay to text this number (circle one): Yes No

How did you hear about me? \_\_\_\_\_

**Emergency Contact Information**

*Please note, I will only contact this person in the event of an emergency and will always inform you if I do so.*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

**About You**

Preferred Language(s): \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Reason for contacting me about starting therapy:

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

Goals you want to accomplish in working together:

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**Family History**

Currently in a significant romantic relationship?                      Yes                      No

Significant prior relationship (divorced, widowed, etc.)?                      Yes                      No

Number of children and ages (if applicable): \_\_\_\_\_

Dependent adults living with you (if applicable):                      Yes                      No

If yes, list relationship: \_\_\_\_\_

Who currently lives in your home (list all that apply)? \_\_\_\_\_  
\_\_\_\_\_

Pets?                      Yes                      No

If yes, list name and type (dog, cat, etc.): \_\_\_\_\_

**Employment/Education History**

Job Title: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Employment concerns (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Degree (if applicable): \_\_\_\_\_

Current level in school (if applicable): \_\_\_\_\_

Educational concerns (if applicable): \_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Primary Care Physician: \_\_\_\_\_

Date of most recent physical exam: \_\_\_\_\_

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Current medications taken on a regular basis:

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Please list any current medical problems (thyroid disorder, cancer, etc.):

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Please list any significant medical history (cancer, accidents, surgeries, etc.):

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Please list any accommodations needed (wheelchair access, etc.):

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**Mental Health Treatment History**

Have you been in therapy before?                      Yes                      No

If yes, when and for how long? \_\_\_\_\_

Previous therapist(s) name(s): \_\_\_\_\_

Reasons for previous therapy: \_\_\_\_\_

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**Substance Use History**

Please list any *current* substance use (alcohol, cigarettes, marijuana, etc.):

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Frequency of use for above substances listed:                      Daily                      Weekly                      Monthly

Please list any *prior* substance use (alcohol, cigarettes, marijuana, etc.):

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Are you currently in a substance abuse program or support group (circle one)?

Yes                      No

Have you previously been a member of a substance abuse program or support group (circle one)?

Yes                      No

**Other**

Religious/Spiritual Identification: \_\_\_\_\_  
\_\_\_\_\_

Healthy Habits/Coping Styles  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested?                      Yes                      No

If yes, please describe charges and outcome:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have an assigned probation officer *and/or* social worker for any reason?

Yes                      No

If yes, please list name: \_\_\_\_\_

Please list any other information not listed on this form that you feel is pertinent to my working with you:

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