

WALLIS AND ASSOCIATES PROFESSIONAL COUNSELING SERVICES, INC

131 Prominence Court, Suite 220, Dawsonville, GA 30534 Office: 706.490.9204
www.walliscounseling.org

Client Intake Information Form

First Name: _____ Last Name: _____

Date of Birth: _____

Today's Date: _____

Counseling Concerns

What are your primary concerns that brought you in today?

What are you hoping to gain from our services?

Have you participated in any counseling or psychotherapy in the past? Yes No

If yes, when? _____ Provider name _____

Do you currently use or have a history of using alcohol, drugs, or tobacco products?

Yes, currently

No, never

Prior history

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Please list the amount and frequency of all substances used currently:

Caffeine_____

Tobacco products_____

Marijuana_____

Alcohol_____

Other_____

Medical History

Physician: _____ Phone: _____

Date of last Physical: _____

Do you have any current physical illnesses or symptoms? Yes No

If yes, please describe:

Are you currently taking any prescribed or over the counter medication? Yes No

Please list all medication. Include dosage, frequency, and prescribing physician:
