JONATHAN KRUGER COUNSELING

INITIAL INTERVIEW FORM
AGES 12–17

ALL PERSONAL INFORMATION IS CONFIDENTIAL.
To be completed by client for counseling. Please print clearly.

Date: _____ / _____ / _____

Name: _____ ◯ Female ◯ Male

Home Address: _____
Street & Number Apt # City & State Zip

Home Phone: (_____) _____ - _____ ◯ Message OK ◯ No message ◯ No calls

Work Phone: (_____) _____ - _____ ◯ Message OK ◯ No message ◯ No calls

Cell Phone: (_____) _____ - _____ ◯ Message OK ◯ No message ◯ No calls

Age: _____ **Birth Date:** _____ / _____ / _____ **Birth Place:** _____ **SSN:** _____

Do you have a family member serve in the military? ◯ Yes ◯ No

If yes, please list family member and relationship: _____

Please list names and ages of your children, if any:

Child 1: _____ Age: _____ Child 2: _____ Age: _____

Child 3: _____ Age: _____ Child 4: _____ Age: _____

Names and ages of persons living in your home, and your relationships to them:

_____ _____

_____ _____

Name of your emergency contact: _____

Emergency contact information: _____
Home Phone Cell Phone Work Phone

How is this person related to you? _____

How did you hear about Jonathan Kruger Counseling (if referred, by whom)?

_____

INTAKE QUESTIONS

Please describe the problem(s)/symptom(s] that bring you into counseling today:

_____

_____

_____

Have you ever had a problem like this before? ◯ Yes ◯ No

If YES, when did it happen and how did you deal with it?

_____

_____

Have you ever been in psychotherapy/counseling? ◯ Yes ◯ No

If YES, give dates & type:

_____

_____

In the past, have you ever contemplated or attempted suicide? ◯ Yes ◯ No

If YES, please give dates and circumstances:

_____

_____

Have you ever experienced physical, sexual or emotional abuse? ◯ Yes ◯ No

If YES, when? _____

Have you ever had a physical fight with your spouse or partner (such as throwing things, shoving, or hitting)? ◯ Yes ◯ No

If YES, please explain specifically:

_____

_____

Have you ever physically harmed anyone? ◯ Yes ◯ No

If YES, please describe:

_____

_____

Have you ever been arrested for o crime? ◯ Yes ◯ No

If YES, please explain:

_____

_____

Have you ever been hospitalized for:

psychological or emotional difficulties:	◯ Yes	◯ No
eating disorder:	◯ Yes	◯ No
alcohol/drugs:	◯ Yes	◯ No
surgery or childbirth:	◯ Yes	◯ No

If YES, please explain and give dates:

_____

_____

Has a physician ever prescribed medication for psychological problems/emotional difficulties or on eating disorder? ◯ Yes ◯ No

If YES, please name physician, dates of prescription and type of medication:

_____

_____

Are you currently using any prescribed or non-prescribed medication? ◯ Yes ◯ No

If YES, name of medication, dosage and reason prescribed:

_____

_____

Has anyone in your family been diagnosed with psychological or emotional problems? ◯ Yes ◯ No

If YES, please specify:

_____

_____

Has anyone in your family ever contemplated or attempted suicide? ◯ Yes ◯ No

If YES, please identify family member:

_____

_____

Has anyone in your immediate family had a substance use or abuse problem? ◯ Yes ◯ No

If YES, who, what problem, when?

_____

_____

HOW DO YOU FEEL TODAY?

One a scale of 1 to 10, please rate how you feel for the following emotions. Please circle the number that best represents how you feel today.

	Least				*Medium*					*Most*
Happy:	1	2	3	4	5	6	7	8	9	10
Angry:	1	2	3	4	5	6	7	8	9	10
Anxious:	1	2	3	4	5	6	7	8	9	10
Sad:	1	2	3	4	5	6	7	8	9	10
Happy:	1	2	3	4	5	6	7	8	9	10

SUBSTANCE USE

Please place a check next to all the substances you have taken in the past six weeks and fill in a description of how you use(d) them.

	How Much Do You Use (e.g., 2 bottles of beer, 2 cigarettes)	**How Often Do You Use** (e.g., once a day, twice a day)	**Date of Last Use**
☐ Amphetamines Speed, meth, non-prescribed diet pills			
☐ Marijuana Pot, bud			
☐ PCP Angel dust			
☐ Heroin			
☐ Cocaine (rock)			
☐ Barbituates			
☐ Ecstasy			
☐ Inhalantes Glue, aerosol			
☐ Hallucinogens LCD, acid, mushrooms			
☐ Alcohol			
☐ Cigarettes			
☐ Prescribed Drugs Valium, Xanax, Zoloft. Prozac			
☐ Other			

Please answer the following questions by checking the box that corresponds to how you feel:

	Yes	*No*	*Sometimes*
I am satisfied with my life in general.	◯	◯	◯
I am satisfied with my relationship with my spouse or partner.	◯	◯	◯
I am satisfied with my job.	◯	◯	◯
I am satisfied with my relationship with my children.	◯	◯	◯
I am satisfied with my relationship with my friends.	◯	◯	◯
I am satisfied with my relationship with my family.	◯	◯	◯
I have a hard time getting up in the morning.	◯	◯	◯
I have a hard time staying focused at work or at home.	◯	◯	◯
I feel hopeful and look forward to my day.	◯	◯	◯
I feel helpless during the day.	◯	◯	◯
I am interested in things and am active in sports or hobbies.	◯	◯	◯
I have trouble sleeping.	◯	◯	◯
I have a normal appetite.	◯	◯	◯
When I am sad or upset I drink alcohol to feel better.	◯	◯	◯
When I am sad or upset, I take pills to relax me.	◯	◯	◯
I have thought about ending my life recently.	◯	◯	◯
I have tried to end my life in the past.	◯	◯	◯
My mood changes often/daily.	◯	◯	◯
I tend to think about the same thing over and over again.	◯	◯	◯
I am generally a happy person.	◯	◯	◯
I feel sad or unhappy most days.	◯	◯	◯
I have either lost a lot or gained a lot of weight recently.	◯	◯	◯
I am easily agitated or “grumpy”.	◯	◯	◯
I have energy and rarely feel tired.	◯	◯	◯

INTAKE CHECKLIST

Please initial each item to acknowledge that the intake counselor has thoroughly explained the below items during the intake session.

_____ I understand that Jonathan Kruger is a licensed marriage and family therapist in the State of California.

_____ I understand that Jonathan Kruger is a general practice counseling agency and not a crisis or urgent care behavioral health entity.

_____ I understand that if my treatment plan requires a higher level of care that what can be offered by Jonathan Kruger, I may be referred to an organization or private practice therapist who could better treat my presenting issue(s) and diagnosis.

_____ I understand that Jonathan Kruger has a 24-hour cancellation policy, and I am responsible for any fees accrued due to a cancellation less than 24 hours before my appointment.

_____ I am aware that Jonathan Kruger's telephone number is 310 729-9062 where I may leave my counselor messages in case of a cancellation of appointment or an emergency.

_____ I understand that my fee based on my ability to pay is $200 unless otherwise discussed and entered.

_____ I understand that Jonathan Kruger has an annual fee reevaluation and my fee may change depending on my ability to pay.

_____ I understand the California law regarding client confidentiality and the limits to confidentiality in the event of harm to self or others, child or elder/dependent abuse.

_____ I understand my appointments are weekly for a 50 minute session at an agreed upon day and time.

_____ I understand that there will be a nominal feel for all progress and attendance letters and/or copies of medical records.

_____ JKC Policies and General Information Agreement page explains in writing what has been verbally explained regarding the terms on this checklist.

Client Signature: _____ Date: _____/_____/_____

Counselor Signature: _____ Date: _____/_____/_____