

**Intake Form for Law Enforcement/ Fire and Rescue Personnel**  
**Confidential**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Badge/ ID# \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ How long: \_\_\_\_\_ # of Marriages \_\_\_\_\_  
Years on the Department or in Agency : \_\_\_\_\_ Position and Division currently assigned  
\_\_\_\_\_

Other divisions worked: \_\_\_\_\_

Have you ever had counseling before and what for: \_\_\_\_\_

Were you satisfied with the outcome? \_\_\_\_\_

Presenting issue: \_\_\_\_\_

Attempts to solve issue: \_\_\_\_\_

How has this issue affected your quality of life: \_\_\_\_\_

What is your current motivation to solve this issue: \_\_\_\_\_

What are you hoping to get out of counseling this time: \_\_\_\_\_

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Are you sleeping well at night (describe quality, average hours): \_\_\_\_\_

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Do you drink alcohol \_\_\_\_\_ How many drinks in a day/week/month: \_\_\_\_\_

Has your use of alcohol or drugs impacted the quality of your relationships? \_\_\_\_\_

How so: \_\_\_\_\_

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Do you exercise regularly and what do you do?

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Do you have current Medical Diagnoses? \_\_\_\_\_

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Describe to me what you generally eat on most days: \_\_\_\_\_

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**Psychological History:** Have you ever been diagnosed with Depression, Anxiety, PTSD, Bi-Polar Disorder or any other mental condition? Have you been hospitalized for psychiatric condition, any suicide attempts, have you ever seen a therapist (when and why) Medications and dosages: \_\_\_\_\_

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Psychological, Neuro-psych or Learning Disorders family history ( Members of your family that may have Depression, Anxiety, Bi-Polar Disorder, Addictions, ADHD, Autism Spectrum Disorders, other learning disorders): \_\_\_\_\_

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Do you think you are currently anxious, depressed or experience out of control anger, irritability and describe?

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What usually triggers this emotion? \_\_\_\_\_

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Describe childhood (born, reared, any traumas):

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Any history of abuse (physical, sexual, emotional) \_\_\_\_\_

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If yes, how do you think you managed psychologically? \_\_\_\_\_

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Have you had any significant or traumatic (out of the ordinary) experiences in the capacity of your role in Law Enforcement / Fire and Rescue or Military or as part of your official duties?

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Children, ages, any special needs or treatment history: \_\_\_\_\_

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Describe your current emotional support system: \_\_\_\_\_

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Describe occupation or job satisfaction or any current significant stressors?

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What do you like to do in your free time? What hobbies or interests do you have?

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Any current or past IAD investigations, legal issues, arrests, lawsuits:

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What is your most common coping strategy, both negative and positive? \_\_\_\_\_

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Do you currently feel hopeful? \_\_\_\_\_

Do you feel suicidal or homicidal? \_\_\_\_\_

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**( Do not write below this line, for therapist notes)**

Behavioral Strategies for Health  
500 Turtle Cove Suite 220  
Rockwall, TX 75087  
214-797-7221

Notes: \_\_\_\_\_  
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Axis I

Axis II

Axis III

Axis IV

Axis V GAF:

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
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Therapist

Date