

Intake Form for Law Enforcement 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: _____

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

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: _____

Do you exercise regularly and what do you do?

Do you have current Medical Diagnoses? _____

Describe to me what you generally eat on most days: _____

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: _____

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): _____

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

What usually triggers this emotion? _____

Describe childhood (born, reared, any traumas):

Any history of abuse (physical, sexual, emotional)_____

If yes, how do you think you managed psychologically? _____

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

Children, ages, any special needs or treatment history:_____

Describe your current emotional support system: _____

Describe occupation or job satisfaction or any current significant stressors?

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

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

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

Do you currently feel hopeful? _____

Do you feel suicidal or homicidal? _____

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

Notes: _____

Axis I

Axis II

Axis III

Axis IV

Axis V GAF:

Recommendations: _____

Therapist _____ Date _____