



# Resilience Counseling

Aubrey Hooley, PLPC  
aubrey@aubreyhooley.com

Intake

Client Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other contact phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph \_\_\_\_\_ Relationship \_\_\_\_\_

Reason for therapy \_\_\_\_\_

Are you currently in therapy or seeing a psychiatrist or a physician for medication?

\_\_\_\_\_

Mental Health Medications \_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for psychiatric reasons? \_\_\_\_\_

Education and Employment information: \_\_\_\_\_

\_\_\_\_\_

Describe your mental/emotional symptoms \_\_\_\_\_

\_\_\_\_\_

Describe your living situation \_\_\_\_\_

Are you \_\_\_ married \_\_\_ divorced \_\_\_ single \_\_\_ other \_\_\_\_\_

Are you having legal difficulties \_\_\_\_\_

Please describe your history with drugs/alcohol \_\_\_\_\_

Is anyone in your family struggling with mental illness or addiction \_\_\_\_\_

\_\_\_\_\_

Please sign your name \_\_\_\_\_