

**INTAKE**

*Welcome to Harmony Counseling Center. Please answer all questions as completely as possible. The information you provide is strictly confidential and beneficial in providing the best possible service. Feel free to ask for assistance, if needed. Your counselor will discuss your responses with you in your interview.*

Client Name: \_\_\_\_\_  
Last First MI AGE SEX: M/F

Home Address: \_\_\_\_\_  
Street City State Zip

Clients (parents if client is a minor) Home Phone: \_\_\_\_\_ (May call: \_\_\_\_\_ Message: \_\_\_\_\_)

Clients (parents if client is a minor) Work Phone: \_\_\_\_\_ (May call: \_\_\_\_\_ Message: \_\_\_\_\_)

Clients (parents if client is a minor) Cell Phone: \_\_\_\_\_ (May call: \_\_\_\_\_ Message: \_\_\_\_\_)

**Clients Emergency Contact:**

Name of Clients Spouse: \_\_\_\_\_  
Last First MI DOB: SEX: M/F

*\*\*If the client is a Minor please provide the Name(s) of Parent(s)/ Legal Guardian(s):*

\_\_\_\_\_  
Mother's First, Last Name Fathers First, Last Name

**In case of emergency, contact:** \_\_\_\_\_  
Name: First Last Relationship BEST Contact Phone

**Clients Spirituality:**

Denominational Preference: \_\_\_\_\_ Church Membership: Yes \_\_\_\_ No \_\_\_\_

Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Have you (the client) accepted Jesus Christ as your Lord and Savior? \_\_\_\_\_ Have you (the client) had any recent changes in your religious belief? \_\_\_\_\_ If so, what was the change? \_\_\_\_\_

**Client Other Info:**

**What is your (the clients) ethnicity?**

- African American \_\_\_\_       Bi-racial \_\_\_\_       Hispanic/Latin \_\_\_\_  
 Asian \_\_\_\_       Caucasian \_\_\_\_       Native American \_\_\_\_       Other \_\_\_\_

**What is your Educational Level?**

- 8th grade or below       Trade School       Master's Degree  
 High School       Some College       Ph. D. Degree  
 GED       College Graduate

**How were you (the client) referred to our center?** (Check those that apply):

- Church personnel       Court       Minister       Other       Physician  
 Friend or Co-Worker       Relative       Counselor/Psychologist/Psychiatrist       Flyer

**Have you (the client) ever seen a mental health professional before? (Psychiatrist, psychologist, or a therapist/counselor)?**  Yes  No If yes, please provide their contact info below.

Previous Spiritual/Mental Health Professional/Agency:  
Name & Address: \_\_\_\_\_

Phone \_\_\_\_\_ Dates of Service \_\_\_\_\_ (beginning - ending)

**Are there currently any other family members of the clients that are receiving services at this center?**  
 Yes  No ( If yes what are the Name/Dates of service?)

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Dates of service Month/Year \_\_\_\_\_

**Are you (the client) seeking services because they are a victim of a crime?**  Yes  No  
If yes, Did it result in legal action?  Yes  No

**Are you (the client) currently on probation?**  Yes  No

**Have you (the client) ever been hospitalized for spiritual/mental health concerns:**  Yes  No  
If yes, please explain:

**Are you (the client) currently involved in a custody dispute?**  Yes  No (If yes, please explain)

**Tell us about your (the clients) current living arrangements:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Family of origin/ birth family | <input type="checkbox"/> Relatives         | <input type="checkbox"/> Single                   |
| <input type="checkbox"/> Married                        | <input type="checkbox"/> Roommates(s)      | <input type="checkbox"/> Single parent w/children |
| <input type="checkbox"/> Married w/children             | <input type="checkbox"/> Significant other | <input type="checkbox"/> Other _____              |

**Tell us about your (the clients) present family**

**Directions:** Please list who lives in your home currently; *If you (the client) is married with children, then please list your family beginning with the oldest member and include yourself.*

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Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to you (include step, half, etc.) \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to you (include step, half, etc.) \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to you (include step, half, etc.) \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to you (include step, half, etc.) \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to you (include step, half, etc.) \_\_\_\_\_

**Family Atmosphere**

Directions: Please "X" the number that best describes how you (the client) view your current family

Very lenient	1	2	3	4	5	Very strict
Very non-religious	1	2	3	4	5	Very religious
Chaotic	1	2	3	4	5	Highly structured
Few expectations	1	2	3	4	5	High expectations
Inconsistent	1	2	3	4	5	Consistent

**Family Support System** (such as church, friends, relatives, school)

Directions: Please "X" the number that best describes how much support you (the client) feel that you receive.

Hardly any support      1      2      3      4      5      Considerable support

**Please tell us why you (the client) came to counseling**

Directions: Indicate severity by checking either:

1=mild (very little problem); 2= moderate (some problem); or 3= sever (very serious problem).

Please be sure to check the item(s) that you (the client) see as the most significant issue.

**Abuse (physical, emotional, sexual)**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my (the clients) life

**Drug or alcohol use (both legal and illegal drugs)**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my (the clients) life

**Adjustment to life changes (changing schools, parents divorcing, moving, getting married or divorced, aging, etc.)**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my (the clients) life

**Eating problem (purging, bingeing, overeating, hoarding, severely restricting diet)**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my(the clients) life

**Career Dissatisfaction or decisions**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my (the clients) life

**Family or Step-family relationship**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my (the clients) life

**Disturbing memories (past abuse, neglect or other traumatic experience)**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my (the clients) life

**Feeling angry or irritable**

- 1-mild;  2-moderate;  3-severe
- Most Significant Issue
- No Concerns with this issue in my (the clients) life

**Feeling anxious (nervous, clingy, fearful, worried, panicky, obsessive-compulsive, lacking trust, etc.)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Feeling guilty or shameful**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Feeling sadness or depression or suicidal urges NOT related to grief**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Feeling sadness or depression or suicidal urges related to grief**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Health concerns (physical complaints and/or medical problems)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my(the clients) life

**Illegal behaviors (repeated run-ins with the law, etc.)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Learning/Academic difficulties**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my(the clients) life

**Non-family relationship (roommates, friends, co-worker, boss, teacher, etc.)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Parent-Child relationship (discipline, adoption, single parent, etc.)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Personal Growth (no specific problem)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Religious or Spiritual concerns**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my(the clients) life

**Sexual functioning concerns**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Sexual identity concern**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Significant other/spouse relationship**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Sleep problem**

**(nightmares, sleeping too much or too little, etc.)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Speech problem (not talking, stuttering, etc.)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Other: Please Explain**

- 
- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue

**Unusual behavior (bizarre actions, speech, compulsive behavior, tics, motor behavior problems)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

**Unusual experiences (loss of periods of time, sensing unreal things, etc.)**

- 1-mild;  2-moderate;  3-severe  
 Most Significant Issue  
 No Concerns with this issue in my (the clients) life

***When did you (the client) first become concerned about this/these issue(s)?***

***If the client is a minor; when did the legal guardian of the client first become concerned about this issue?***

**Did you (the client) attempt to resolve or get assistance with any of the issues you indicated above? If yes, please check how you attempted to resolve or receive assistance with them.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Couples Counseling  | <input type="checkbox"/> Group counseling     | <input type="checkbox"/> Individual counseling |
| <input type="checkbox"/> Family counseling   | <input type="checkbox"/> Hospitalization      | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Talked with friends | <input type="checkbox"/> Talked with minister |  |
| <input type="checkbox"/> Talked with parents | <input type="checkbox"/> None of the above    |  |

Is there anything else you feel your therapist should know? If so, please use the space below to explain.

I affirm that the information listed in the above document is correct.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

If the client is a minor, the legal guardian (managing conservator) must sign the statement below:

Harmony Counseling Center requires documentation of conservatorship/guardianship. You will need to furnish a photocopy of the cause page (first page calling out the case), the page specifying conservator(s) and the signature page from the divorce decree or custody document.

I affirm that I am the legal guardian (managing conservator) of \_\_\_\_\_ (minor's name).  
With an understanding of the above requirements **as well as those noted in the Professional Disclosure Statement that I received**, I do grant permission for my child to participate in counseling and **release in the counselor and the Center from liability for same.**

\_\_\_\_\_  
Managing Conservator's Signature

\_\_\_\_\_  
Date



Harmony Counseling Center
INFORMED CONSENT FOR COUNSELING

In the event that I believe you are in danger, physically or emotionally, to yourself or another person, you specifically consent for me to warn the person in danger and to contact the following person, in addition to medical and/or law enforcement personnel:

Emergency Contact Telephone Number

You consent for me to communicate with you by mail, e-mail, and/or phone at the following address and phone number, and you will IMMEDIATELY advise me in the event of any change:

Form with three columns: Personal Street Address, E-Mail Address, Telephone Number

With an understanding of the above requirements as well as those noted in the Professional Disclosure Statement and the HIPPA Notice of Privacy Practice that I received, I agree to participate in counseling utilizing both face-to-face and/or telehealth platforms. I release the counselor and Harmony Counseling Center from liability of the same.

I permit Harmony Counseling Center to release and furnish all medical and financial data related to my care that may be necessary for the purpose of my treatment, payment, or healthcare operations. I further acknowledge that I have been informed that I have the right to request restrictions of uses and disclosures of your health information; however, Harmony Counseling Center is not required to agree to a requested restriction.

Form with four rows: Client Name/Date, Client Signature/Date, Counselor's Signature/Date

If the client is a minor, the legal guardian (managing conservator) must sign the statement below: Concord Church Counseling Ministry requires documentation of conservatorship/guardianship. You will need to furnish a photocopy of the cause page (first page calling out the case), the page specifying conservator(s) and the signature page from the divorce decree or custody document.

I affirm that I am the legal guardian (managing conservator) of (minor's name). With an understanding of the above requirements as well as those noted in the Professional Disclosure Statement that I received, I do grant permission for my child to participate in counseling and release in the counselor and the Center from liability for same.

Form with two rows: Managing Conservator's Signature/Date

**MENTAL HEALTH SELF-REPORTING QUESTIONNAIRE (SRQ)**

Body functions and structures

Client Name: \_\_\_\_\_

The following questions are related to certain pains and problems, that may have bothered you in the last 30 days. If you think the question applies to you and you had to describe the problem in the last 30 days, answer YES. On the other hand, if the question does not apply to you and you did not have the problem in the last 30 days, answer NO.

	Yes	No
1. Do you often have headaches?	Yes	No
2. Is your appetite poor?	Yes	No
3. Do you sleep badly?	Yes	No
4. Are you easily frightened?	Yes	No
5. Do your hands shake?	Yes	No
6. Do you feel nervous, tense or worried?	Yes	No
7. Is your digestion poor?	Yes	No
8. Do you have trouble thinking clearly?	Yes	No
9. Do you feel unhappy?	Yes	No
10. Do you cry more than usual?	Yes	No
11. Do you find it difficult to enjoy your daily activities?	Yes	No
12. Do you find it difficult to make decisions?	Yes	No
13. Is your daily work suffering?	Yes	No
14. Are you unable to play a useful part in life?	Yes	No
15. Have you lost interest in things?	Yes	No
16. Do you feel that you are a worthless person?	Yes	No
17. Has the thought of ending your life been on your mind?	Yes	No
18. Do you feel tired all the time?	Yes	No
19. Do you have uncomfortable feelings in your stomach?	Yes	No
20. Are you easily tired?	Yes	No

Duration of interview: \_\_\_\_\_minutes

## City of Dallas Grant Screening Form

1. Provide the zip code you live in? \_\_\_\_\_  
**City of Dallas:** 75203, 75208, 75211, 75212, 75215, 75216, 75217, 75224, 75232, 75233, 75236, 75237, 75241, 75249  
**Dallas County:** 75052, 75104, 75115, 75116, 75134, 75137, 75141, 75146, 75154, 75172
  
2. Have you or an adult in the household been directly financially impacted by COVID-19?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
3. Are you a current City of Dallas employee? YES \_\_\_ NO \_\_\_\_\_
  
4. Have you received financial housing assistance funded by the CARES Act from another organization? YES \_\_\_ NO \_\_\_\_\_
  
5. How many people live in your household? \_\_\_\_\_
  
6. Does the income from ALL ADULTS in your household exceed the maximum amounts below?  
(Select One)  
Household Size 1: \$46,500 \_\_\_\_\_  
Household Size 2: \$53,200 \_\_\_\_\_  
Household Size 3: \$59,850 \_\_\_\_\_  
Household Size 4: \$66,500 \_\_\_\_\_  
Household Size 5: \$71,850 \_\_\_\_\_  
Household Size 6: \$77,150 \_\_\_\_\_  
Household Size 7: \$82,500 \_\_\_\_\_  
Household Size 8: \$87,800 \_\_\_\_\_  
Household Size 9+: \$93,100 \_\_\_\_\_
  
7. Do you fall under any of the following categories? (Check ALL that Apply)  
Abused Children \_\_\_ Battered Spouse \_\_\_ Severely disabled adult \_\_\_  
Homeless \_\_\_ Illiterate \_\_\_ Migrant Farm Worker \_\_\_ Elderly \_\_\_
  
8. Is your household a female-headed household? Yes \_\_\_ No \_\_\_\_\_
  
9. Ethnicity:  
White/Caucasian \_\_\_ Black/African American \_\_\_ American Indian \_\_\_ Alaska Native \_\_\_  
Hispanic or Latino \_\_\_ Asian \_\_\_ Native Hawaiian \_\_\_ Pacific Islander \_\_\_ Unknown \_\_\_ Other \_\_\_\_\_
  
10. What is your average yearly household income? \_\_\_\_\_