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NARRATIVE INTAKE FORM

Name: Date: / /

1. What is the overarching problem or situation that brought you here today?

2. How does the problem affect you?

3. What of the below issues are involved in the overarching problem?

[ ]  Depression/Sadness [ ]  Suicide Attempt, Threat [ ]  Self-harm

[ ]  Alcohol and/or Drug Use [ ]  Family/Relationship Conflict [ ]  Worry/Anxiety

[ ]  Verbal Abuse [ ]  Sexual Abuse [ ]  Physical Abuse

[ ] Psychological Abuse [ ]  Disordered Eating [ ]  Anger

[ ]  Learning Difference [ ]  Grief and/or Loss [ ]  Discrimination

Please describe each of the above issues with which you identify?

Other Problems:

4. Who else in your life knows about and/or is affected by these problems?

5. What goals would you like to achieve by coming to counseling?

6. What *ideas* do you have for how these goals may be accomplished?

7. What values, purposes, hopes, beliefs, intentions, commitments, dreams, or visions do you hold precious and motivate you towards reaching your goals?

8. What type of learning do you gravitate towards, *auditory* (learn by hearing), *visual* (learn by seeing, watching), or *kinesthetic* (learn by doing)?

9. Is there anything else you would like me to know?