Serial No:- _____

FAITH NJOGU GLOBAL

Transforming Relationships

P.O BOX 12668-00100 NAIROBI KENYA

TEL: 0720399323/0788587875

Email: info@faithnjogu.com www.faithnjogu.com

INTAKE AND ASSESMENT FORM

1) CLIENT'S BIODATA

DATE OF INTAKE AND INITIAL ASSESSMENT _____

Client's full name _____

DOB _____ Age _____

Gender _____ Marital status _____

Client's Contact _____ Email _____

Occupation _____

Religion _____

Level of Education _____

Next of kin's name _____ Contact _____

Parents status i) (Alive or dead) _____ (ii) (married, widowed separated, or divorced) _____

2) Any Medical condition/s for which client has been hospitalized before

_____

_____

_____

_____

Any current prescribed medication _____

Any current self-medication _____

3) Have you ever used alcohol or other Drugs? _____

4) Have you experience any of the following symptoms lately? Please tick appropriatel

Anxiety

Domestic violence

Abuse (physical, sexual, emotional)

Fatigue

Any other not in the list, that may be of concern to you .....

5) Client's reason for seeking counseling/ assessment

_____
_____
_____
_____
_____
_____

Who referred the client for counseling? _____

6) Circumstances of referral _____
_____

7) Has the client received counseling before Yes/No _____?

If yes, when _____ and for what reason _____
_____
_____
_____

8) What goals would you want to receive from the counseling sessions? _____
_____

Counselor's name _____

Signature _____