Mantis
Counseling and Coaching Services, LLC

Intake Information

Name _____ Date_____

1. How would you describe your current problem?

2. What caused you to seek services today?

3. What outcome are you seeking?

4. Have you had previous therapy or coaching services? (Please describe.)

5. Please list any medications or supplements you are taking.

6. Please list any current or previous diagnoses and when and who diagnosed them.

7. Please list your referral source.

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Please choose the phrase which best describes your motivation for today's visit: ☐ I don't have a problem, someone else thinks I do. ☐ I do have a problem; I do want to change, and at the same time, I don't want to change. ☐ I am getting ready to change and am about to make that commitment. ☐ I have already begun to take action to resolve this problem. ☐ I have achieved my goal and am focused on preventing relapse. ☐ I have relapsed and am seeking to regain control.	Please use the following code to rate yourself in the past month: 0 = never 1 = rarely 2 = occasionally 3 = frequently 4 = always _____ 1. Depressed _____ 2. Stressed _____ 3. Use alcohol or drugs _____ 4. Fatigued _____5. Physical pain _____ 6. Anxious, worried _____ 7. Feel shame or guilt _____8. Satisfied with relationships _____ 9. Self-directed _____ 10. In trouble (with law, lover, family member, boss, etc.)

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Depression Screen

Rate how often you have experienced these symptoms over the past month:
0 = Never; 1 = Rarely; 2 = Occasionally; 3 = Frequently; 4 = Always

_____ 1. Thoughts that you would be better off dead; suicidal thoughts

_____ 2. Diminished interest, enthusiasm, and experience of pleasure

_____ 3. Feeling depressed or hopeless

_____ 4. Trouble falling or staying asleep or can't get out of bed

_____ 5. Loss of appetite or excessive appetite

_____ 6. View self as worthless, a failure, or shameful

_____ 7. Difficulty concentrating

_____ 8. Slow movements or speech or agitated movements or speech

_____ 9. Belief that you have let yourself or others down

Total Depression Score _____

Interpretation of results:

Less than 6 = Insignificant symptoms
7 – 14 = Mild symptoms
15 – 22 = Moderate symptoms
23 – 30 = moderate/severe symptoms
over 30 = severe symptoms

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Anxiety Screen

Rate how often you have experienced these symptoms over the past month:
0 = Never; 1 = Rarely; 2 = Occasionally; 3 = Frequently; 4 = Always

_____ 1. Worrying – thinking about things that feel threatening

_____ 2. Nausea, headaches, or other symptoms of tension

_____ 3. Shortness of breath or rapid heart rate

_____ 4. Avoiding places or situations

_____ 5. Seeing self as unable to cope

_____ 6. Quick to startle

_____ 7. Panic or anxiety attacks

_____ 8. Restlessness or feelings of anxiety

_____ 9. Thinking about negative events that may happen in the future

Total Anxiety Score _____

Interpretation of results:

Less than 6 = Insignificant symptoms
7 – 14 = Mild symptoms
15 – 22 = Moderate symptoms
23 – 30 = moderate/severe symptoms
over 30 = severe symptoms