**KISM F38**

**REPUBLIC OF KENYA**

**MINISTRY OF LANDS AND PHYSICAL PLANNING**

**KENYA INSTITUTE OF SURVEYING AND MAPPING**

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 **CLIENT INTAKE FORM**

 **Please fill out this form before seeing a counselor for the first time.**

Name:……………………………………..…………………………………………………………………………

Phone………………………… E-mail………………………………. Year………………………………..…….

Address ………………………………………………………………………………………………………………….

Have you received any previous counseling or therapy?

If yes, when, where and how long?

**OPTIONAL:** Have you received any prior mental health diagnosis,………………………... By who? …………………………………………………………………………………………………………….

What medication(s), if any, are you taking, and who is the prescriber?

May we contact you by:Phone? Email Mail? Any other…………………………

OPTIONAL (for statistical purposes only):

Date of Birth: / / ||Gender :…………………………..

**PRESENTING REASON(S)**

 **Please check all that apply, even if it is not your “primary presenting reason(s)” for seeking Counseling Services.**

Please feel free to indicate your primary presenting reason(s) by circling, numbering, or otherwise labeling. If there are responses you choose not to answer, please make mental note and share with counselor, if desired. Thank you for completing.

o Depression o School/academic issue(s) o Mood fluctuations

o Career issue(s) o borderline personality disorder o Sexual trauma

o Problems sleeping o Post-traumatic stress disorder o Trauma, non-sexual

o Suicidal thought(s) o Phobia o Physical aches and pains o Homesickness o Traumatic brain injury o Impulsivity or risk-taking behavior(s) o Disordered eating o Memory problem(s) o Grief or loss o Obsessive compulsive disorder o Medical issue(s)

 o Stress o Autism spectrum disorder o Alcohol use

 o Anxiety (please specify) o Other substance use (please specify all)

o Adjustment issue(s) oLearning disorder(s) o Partner/relationship issue(s

o Concern(s) for a friend o Anger management o Pregnant

 o Roommate/housemate issue(s) o Self-esteem o Hallucination(s) o Other relationship issue(s) (please specify)…………………………………………………………… o Perfectionism o Family/Guardian issue(s)

oOther(s) (please provide detail)………………………………………………………………

**Any additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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