

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_ Adm. Date: \_\_\_\_\_

**Community Counseling of Central Connecticut Inc.**  
53 Muir Ave Bristol, CT. 06010  
860-582-7904                      cccofcentralct.org  
*We treat people not privilege...*  
**Intake**

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_ Adm. Date: \_\_\_\_\_

**1. What do you feel are your three biggest needs in this treatment?**

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

**2. Describe your current reason for entering treatment.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. If you have been in treatment before, what worked best for you? What worked the least?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. What do you see as your current strengths?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_ Adm. Date: \_\_\_\_\_

**5. What do you see as your current weaknesses?**

---

---

---

---

---

**6. Do you feel that your actions are directly caused by the way others treat you? Why or why not?**

---

---

---

---

---

**7. What is your current drug including alcohol use?**

---

---

---

---

---

**8. Are you an active addict or in recovery? If yes, describe your use and longest period of sobriety.**

---

---

---

---

---

**9. Have you been a victim or perpetrator of any of the following: sexual abuse, emotional abuse, physical abuse? If so, what was the extent of this abuse?**

---

---

---

---

---

---

---

**10. Are there any other issues you would like to share at this time?** (use reverse as needed)

---

---

---

---

---