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Adult Intake Form

Please provide the following information and answer the questions below. Please note: Information you provide here is protected as confidential information.

Please fill out this form and bring it to your first session.

Name: _____
(Last) (First) (Middle Initial)

Birth Date: _____ /_____ /_____ Age: _____ Gender: □ Male □ Female

Marital Status:
□ Never Married □ Domestic Partnership □ Married/date □ Separated/date

□ Divorced/date □ Widowed/date □ In a current romantic relationship

Please list any children/age: _____

Please list any other family members you live with or that are significant to you in regards to therapy work:_____
_____

Your Address: _____
(Street and Number)

_____
(City) (State) (Zip)

Home Phone: ( ) May we leave a message? □ Yes □ No

Cell/Other Phone: ( ) May we leave a message? □ Yes □ No

E-mail: _____ May we email you? □ Yes □ No
*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____

MENTAL HEALTH INFORMATION

1. Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?
□ No
□ Yes, previous therapist/practitioner, date and place:_____
_____

2. If you have received a previous mental health diagnosis, please describe:_____
_____

3. If you have previously been hospitalized or received inpatient or outpatient psychiatric services, please list the dates, places and attending physician:_____

_____

4. If you are currently or regularly under the care of a physician, please list the doctor's name, number and place of practice:_____

(If you would like information shared with anyone named above, please fill out a release form).

5. Are you currently taking any prescription medication?
□ No
□ Yes - Please list: _____
_____

6. Have you *ever* been prescribed psychiatric medication?
□ No
□ Yes - Please list and provide dates: _____
_____
_____

GENERAL HEALTH INFORMATION

1. How would you rate your current physical health? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are *currently* experiencing:

_____

2. Please describe any serious present or past medical conditions, surgeries, head injuries, hospitalizations or accidents you have had and at what age: _____
_____
_____

3. How would you rate your current sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:
_____

4. How many times per week do you generally exercise? _____

What types of exercise to you participate in _____

5. Please list any difficulties you experience with your appetite or eating patterns: _____
_____

6. Are you currently experiencing overwhelming sadness, grief or depression?
□ No
□ Yes - for approximately how long? _____

7. Are you currently experiencing anxiety, panic attacks or have any phobias?
□ No
□ Yes - when did you begin experiencing this? _____
_____

8. Are you currently experiencing any chronic pain?
□ No
□ Yes - please describe _____
_____

9. Are you currently in a romantic relationship? □ No □ Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

10. What significant life changes or stressful events have you (or your family) experienced recently:_____
_____
_____

11. Do you drink alcohol more than once a week? □ No □ Yes

12. How often do you engage recreational drug use? □ Daily □ Weekly □ Monthly
□ Infrequently □ Never

13. Do you have a history of alcohol or substance use? □ No □ Yes

14. If you answered yes to the previous question please list type and any previous substance abuse treatment, dates and place:_____

_____

15. Please list any consequences of your substance use (i.e.: vocational, academic, relational, legal, medical):_____

_____

16. Are you currently or have you ever been involved with the legal system in any way (i.e.: arrested, incarcerated, or on probation)? Yes/No explain:_____

_____

FAMILY MENTAL HEALTH HISTORY:

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Bipolar	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Fibromyalgia	yes/no	
Obesity	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	

Please list any other known health conditions within your family (ie. High blood pressure, cancer, kidney disease, heart conditions, etc): _____

_____

ADDITIONAL INFORMATION:

1. Please list highest educational level completed:_____
Were there any learning/behavioral problems you experienced at school? _____

2. Are you currently employed? □ No □ Yes

If yes, what is your current employment situation/position?

_____

Do you enjoy your work? Is there anything stressful about your current work?

_____

_____

3. Do you consider yourself to be spiritual or religious? □ No □ Yes

If yes, describe your faith or belief and/or anything you would like me to know about your values or beliefs that will guide and inform our work together:

_____

_____

4. What ethnicity do you identify with? _____
Is there anything that you would like to communicate regarding your cultural beliefs that would benefit our work together?

_____
_____

5. What do you consider to be some of your strengths?

_____
_____
_____

6. What do you consider to be some of your weakness? _____

_____

7. What are your interests, hobbies, or extra-curricular activities? _____

_____

8. Briefly describe your support system:
_____
_____

9. Please describe your main concerns or reasons for coming today?_____

_____

_____

10. What would you like to accomplish out of your time in therapy?

_____

_____

_____

11. Is there anything else you would like me to know about you or your situation that would be beneficial for our work together? _____

_____

Information given by: _____Date: _____

Thank you for your effort and time. I am looking forward to meeting with you!