

# ADULT INTAKE FORM

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Number: \_\_\_\_\_ OK to leave message? Yes or No

Email address: \_\_\_\_\_

Person to notify in case of emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*I will only contact Emergency Contact in case of a life or death emergency.**

**Please indicate agreement with signature:** \_\_\_\_\_

Referred by: \_\_\_\_\_

Marital Status (circle one): Single Engaged Married Divorced Separated Widowed

Spouse's Name: \_\_\_\_\_

How long have you been married? # of year(s): \_\_\_\_\_ # of month(s): \_\_\_\_\_

Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

## **Educational/Work History:**

Current Employer/Job Description: \_\_\_\_\_

Highest level of Education/Degree Attained: \_\_\_\_\_

**Religion/Faith**

Do you consider your faith/religion meaningful in your life currently? \_\_\_\_\_

Religious Affiliation (if applicable): \_\_\_\_\_

Church (if applicable): \_\_\_\_\_

**Medical Care**

Please describe any significant medical problems or illnesses in past or present: \_\_\_\_\_

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

Clinic/doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list all current medications:

Medication	Dose	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical hospitalizations or major accidents (approximate date and reason): \_\_\_\_\_

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

Psychiatric hospitalizations or major accidents (approximate date and reason): \_\_\_\_\_

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

Please list any major changes or stressors in the family or environment (e.g. death in the family, move, loss of job): \_\_\_\_\_

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

Please briefly describe reason for seeking counseling: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there times when the problems were especially bad? Yes or No  
If yes, when? \_\_\_\_\_  
What made it bad? \_\_\_\_\_

Are there other people who play a major role in causing your problems? Yes or No  
Or in helping you cope with your problems? Yes or No  
Explain briefly: \_\_\_\_\_

Is there anything else that you believe might be important for your counselor to know  
at this time? \_\_\_\_\_

What are your goals for counseling? \_\_\_\_\_

Please list any previous counseling or treatment, and with whom: \_\_\_\_\_

**Please continue and complete the chart on the following page.**

Please indicate any of the following that apply:

Difficulty with:	Self Present	Self Past	Family Member (please clarify)	Notes:
Anxiety				
Depression				
Social Relationships				
Stress				
Schizophrenia				
Bipolar Disorder				
Borderline Personality Disorder				
Drugs				
Alcohol				
Suicide Thoughts				
Irritability				
Impulsiveness				
Suicide Attempts				
Self-Injury				
Eating Disorder(s)				
Eating Concerns				
Weight Changes				
Thyroid Problems				
Domestic Violence				
Physical Abuse				
Sexual Abuse				
Learning Disabilities				
Sleeping Concerns				
Legal Trouble				
Sexual Concerns				
Financial Problems				
Marital Problems				
Other:				