

Adult Intake**Today's Date:** _____**Identification**

Your name: _____ Date of birth: _____ Age: _____

Prefer to be called/nicknames: _____ SS#: _____

Home street address: _____ City: _____ State: _____ Zip: _____

Home/evening phone: _____ E-mail address: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

Referral

Who gave you my name to call? _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Y___ No___

Chief concern

Please describe the main difficulty that has brought you to see me:

Your medical care:

Are you currently under the care of a physician? Y___ No___

Doctor's name: _____ Phone #: _____

Address: _____

Treatment

1. Have you ever received psychological, psychiatric, drug/alcohol treatment, or counseling before? Yes___ No___

If yes, please indicate (*if more room is needed, please use back of form*)

When? _____ For what? _____

From whom? _____ With what result? _____

2. Have you ever taken medications for psychiatric or emotional problems? Yes___ No___

If yes, please indicate: (*if more room is needed, please use back of form*)

When? _____ What medications? _____

For what? _____ With what result? _____

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Family-of-origin history

Name	Current age (or age at death)	Illness (or cause Of death)	Education	Occupation	Relationship Overall positive or Negative?
Father					
Mother					
Stepparents					
Grandparents					
Uncles/aunts					
Brothers					
Sisters					

Marital/significant relationship history

Name of person	Person's age at beg.	Your age at beg.	Your age at end	Reasons for ending

Children *(Indicate which are from a previous marriage or relationship with the letter P in the last column)*

Name	Current age	Gender	School grade	Adjust. Problems? Explain	P?

Relationships in your family of origin

Please describe the following:

1. Your parents' relationship with each other:

2. Your relationship with each parent and with other adults present:

3. Your parents' physical health problems, drug or alcohol use, and mental or emotional difficulties:

4. Your relationship with your brothers and sisters, in the past and present:

Abuse history: I was not abused in any way Yes____ No ____ I was abused Yes____ No____

If you were abused, please enter the information below.

For kind of abuse, please use the letters:

P = Physical, such as beatings

S = Sexual, such as touching/molesting/fondling/intercourse

N = Neglect, such as failure to feed, shelter, or protect

E = Emotional, such as humiliation, etc.

Your age	Kind of abuse	By whom?	Did you tell?	Consequences of telling

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Present Relationships

1. How do you get along with your present spouse or partner?

2. How do you get along with your children?

3. How do you get along with your friends?

Chemical use

1. Have you ever felt the need to cut down on your drinking? Yes____ No____

2. Have you ever felt annoyed by criticism of your drinking? Yes____ No____

3. Have you ever felt guilty about your drinking? Yes____ No____

4. How much beer, wine, or hard liquor do you consume each week, on average? _____

5. Are there times when you drink to unconsciousness, or run out of money as a result of drinking? Yes____ No____

6. How much tobacco do you smoke or chew each week? _____

7. Which drugs (not medications prescribed for you) have you used in the past 10 years? _____

Other

Are there any other legal involvements I should know about? Yes____ No____

Is there anything else I should know, as your therapist, which has not been covered? Yes____ No____

If yes, please explain below (if needed, use the back of this page)
