

ADULT INTAKE FORM

Today's Date:

(Please print)

Name _____ DOB _____

Home Address _____ Email Address _____
_____ @ _____ . _____

Home Phone# _____ Cell # _____

Emergency Contact _____ and Phone # _____
(Name/Relationship)

Insurance Company _____ Insurance ID# _____

Describe current occupation or work status: _____

FAMILY MEMBERS

NAMES	RELATIONSHIP	AGE	CURRENT RESIDENCE (CITY/STATE)

SIGNIFICANT DEATHS of FAMILY MEMBERS

NAMES	RELATIONSHIP

PLEASE DESCRIBE THE PURPOSE OR GOAL FOR YOUR APPOINTMENT

LIST OF ALL CURRENT MEDICAL CONDITIONS AND MEDICATION USE (IF ANY)

LIST OF ALL PRIOR OR CURRENT COUNSELING, PSYCHOTHERAPY OR PSYCHIATRIC CARE (WITH DATES)

ANY CURRENT THOUGHTS OR RISKS OF SELF-HARM? YES NO MAYBE (CHECK ONE)

ANY CURRENT LEGAL, FINANCIAL OR CUSTODY ISSUES? YES NO MAYBE (CHECK ONE)

PLEASE CHECK ANY AREAS OF CONCERN:

DISTURBED MOOD

NEGATIVE THOUGHTS

BODY ISSUES/PAINS

SLEEP PROBLEMS

FAMILY PROBLEMS

RELATIONSHIP PROBLEMS

TRAUMATIC EVENTS

WORK PROBLEMS

FEARS/PHOBIAS

ADDICTIVE TENDENCIES

OBSESSIONS/COMPULSIONS

SEXUAL ISSUES

LIST ANY OTHER CONCERNS OR MATTERS OF IMPORTANCE:
