Adult Information Intake Form

Please print throughout this form. All information is protected as confidential.

1. Your Full Name: ..... Date: .....

2. Problem Identification—Which of these issues are current problems for you?

☐ Mood Swings	☐ Feelings of Hopelessness	☐ Anxiety/Nervousness
☐ Communication Problems	☐ Marital Problems	☐ Panic Attacks
☐ Anger/Irritability	☐ Parent/Child Conflicts	☐ Intimacy Problems
☐ Depressed Mood	☐ Academic/School Problems	☐ Sleeping Problems
☐ Sadness	☐ Career/Job Problems	☐ Suicidal Thoughts
☐ Loneliness	☐ Lack of Motivation	☐ Alcohol/Drug Use
☐ Fighting	☐ Lack of Personal Goals	☐ Abuse/Abuser Issues
☐ Eating problems	☐ Grief/Bereavement	☐ Legal Problems
☐ Self-confidence	☐ Sexuality	☐ Self-harm

☐ Other .....

3. Person to call in case of emergency: .....

Relationship: .....

Phone Number: .....

4. Have you ever been in therapy before? ☐ Yes ☐ No If yes, explain: .....

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5. Circle your highest level of education completed:

Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8 9 10

6. Did you have difficulties with school or learning? ☐ Yes ☐ No If yes, explain: .....

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7. Employment Status:

☐ full time ☐ part time ☐ self-employed ☐ unemployed ☐ homemaker ☐ student

If employed, name of employer: .....

Type of work: .....

If unemployed, are you able to work? ☐ Yes ☐ No If no, explain: .....

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.....

Print your full name here: .....

8. Military Service: ☐ Yes ☐ No ☐ Honorable discharge ☐ Dishonorable discharge

If dishonorably discharged, explain: .....

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9. Do you believe you have any cultural or ethnic issues that need to be explained in order for therapy to be effective?

☐ Yes ☐ No If yes, explain: .....

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10. Were you ever abused by anyone? ☐ Yes ☐ No ☐ physically ☐ emotionally ☐ sexually

If yes, what was your age at the time of the abuse? .....

Who was the perpetrator? .....

11. Current Relational Status:

☐ single ☐ married ☐ not married living together ☐ engaged ☐ separated

☐ divorced ☐ widowed

In your present relationship how many years are you married (or living together)? _____

Were you ever married before and divorced? ☐ Yes ☐ No If yes, how many times? _____

12. Write a number that best describes your use next to each drug listed below:

1 (never use it) 2 (never had a problem) 3 (current problem) 4 (past history of a problem)

___ Alcohol ___ Heroin ___ Cocaine ___ Marijuana ___ Amphetamines ___ Tranquilizers

13. Do you use tobacco? ☐ Yes ☐ No ☐ Cigarettes/# packs per day ____ ☐ Pipe ☐ Cigar

☐ Chewing tobacco

14. Which of the following have you participated in:

☐ None ☐ AA ☐ NA ☐ GA ☐ OA ☐ Al-Anon ☐ ACOA

☐ Other: .....

15. Do you have gambling or compulsive shopping problems? ☐ No ☐ gambling ☐ shopping

☐ other, explain: .....

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16. Growing up which of the following were true for you?

☐ Foster Care ☐ Adopted ☐ Stepfamily ☐ none of these

17. Did your parents divorce? ☐ Yes ☐ No If yes, how old were you when that happened? _____

Print your full name here: .....

18. How many brothers and sister did you have growing up? _____ brothers; _____ sisters

How many were half brothers/sisters? _____ Stepbrothers/sisters? _____

Where were you in the birth order? _____

19. Growing up, were any of your family members alcoholic or an abuser of other drugs? ☐ Yes ☐ No

If yes, identify family members: .....

.....

20. Did any family members have a significant illness, physical disability, or psychological problem?

☐ Yes ☐ No If yes, explain: .....

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21. Are you currently living with anyone who has a significant illness, disability, psychological, or substance abuse problem?

☐ Yes ☐ No If yes, explain: .....

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22. Have you ever experienced, witnessed, or been confronted with an event that involved actual or threatened death or injury, or threat to the physical wellbeing of yourself or others?

☐ Yes ☐ No If yes, explain: .....

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23. What are your leisure time activities? .....

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24. Are you spiritual? ☐ Yes, I practice my religion ☐ Yes, but not practicing my religion

☐ Somewhat spiritual ☐ No

Print your full name here: .....

25. This is the most important question on this intake form, so please complete it thoughtfully.
What are your goals for counseling, in other words, what do you want to achieve as a result of having been in counseling, what outcomes do you want?

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Continue to next page

Print your full name here: .....

26. Which of the following medical disorders do you presently have?

☐ HIV/AIDS	☐ Cushing's disease	☐ Multiple sclerosis
☐ Anemia	☐ Diabetes	☐ Parkinson's disease
☐ Angina pectoris	☐ Hypoglycemia	☐ Pre-menstrual dysphoria
☐ Asthma	☐ Hypothyroidism	☐ Premenstrual Syndrome
☐ Cardiac arrhythmia	☐ Infectious hepatitis	☐ Rheumatoid arthritis
☐ Chronic fatigue syndrome	☐ Influenza	☐ Syphilis
☐ Chronic pain	☐ Malignancies	☐ Systemic lupus
☐ Congestive heart failure	☐ Malnutrition	☐ Ulcerative colitis

☐ I have none of the medical disorders listed above.

27. List any other significant current medical problems (for example, high blood pressure, diabetes, etc) that you have: .....

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28. During your birth were there any significant complications? ☐ Yes ☐ No If yes, explain: .....

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29. Please list all medications prescribed by a physician that you are currently taking:

☐ Currently not taking any medication

- Name of Medication: ..... Dosage: .....
  What are you taking it for? .....
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Client Signature *Date*