Adult Intake Form

Date: ________________
Client Name: ____ DOB: ______________

If you are unable to answer any of the questions below, please write DK (Don't Know) in the blank provided.

ETHNICITY (*optional*):

___ Caucasian ___ Hispanic ___ Asian ___ Other: __________
___ African American ___ Native American ___ Bi/Multiracial ____________

HOUSEHOLD

Marital Status
___ single, never married
___ engaged [ ] months
___ married [ ] years
___ divorced [ ] years
___ separated [ ] years
___ divorce in process [ ] months
___ live-in for [ ] years
___ prior marriages (self)

Intimate Relationship
___ never been in a serious relationship
___ not currently in serious relationship
___ currently in a serious relationship
___ not currently looking for serious relationship

Relationship Satisfaction
___ very satisfied
___ satisfied
___ somewhat satisfied
___ dissatisfied
___ very dissatisfied

List all persons currently living in your household

Name	Age	Sex	Relationship to you

List children and stepchildren not currently living in your household

Name	Age	Sex	Relationship to you

Describe any past or current significant issues in intimate relationships:
____
____
____
____
____

HISTORY

FAMILY OF ORIGIN

Present during Childhood:

	Present entire childhood:	Present part of childhood:	Not present at all:
Mother	[ ]	[ ]	[ ]
Father	[ ]	[ ]	[ ]
Stepmother	[ ]	[ ]	[ ]
Stepfather	[ ]	[ ]	[ ]
Brother(s)	[ ]	[ ]	[ ]
Sister(s)	[ ]	[ ]	[ ]
Other: ______________	[ ]	[ ]	[ ]

Parent's current marital status:
[ ] Married to each other for ___ years
[ ] Separated for ___ years
[ ] Divorced for ___ years
[ ] Mother remarried ___ times
[ ] Father remarried ___ times
[ ] Mother involved with someone
[ ] Father involved with someone
[ ] Mother deceased for ___ years
(your age at mother's death: ___)
[ ] Father deceased for ___ years
(your age at father's death: ___)

Describe parents:
Father: [ ] biological [ ] adoptive [ ] step [ ] other
Full name: ____________________
Occupation: ____________________
Education: ____________________
General health: ____________________

Mother: [ ] biological [ ] adoptive [ ] step [ ] other
Full name: ____________________
Occupation: ____________________
Education: ____________________
General health: ____________________

Describe childhood family experience:

[ ] outstanding home environment
[ ] normal home environment
[ ] chaotic home environment
[ ] alcoholic/addicted parent(s)
[ ] poverty (serious financial problems)
[ ] witnessed or was aware of physical/verbal/sexual abuse (circle all that apply)
[ ] experienced physical/verbal/sexual abuse from others (circle all that apply)

Describe any abuse experienced in childhood: ____________________

Other difficult childhood experiences: ____________________

Age of emancipation from home: ________ *Circumstances*: ____________________

Describe any past or current significant issues in other immediate family relationships: ____________________

DEVELOPMENTAL HISTORY *(check all that apply to your development)*

Problems during mother's pregnancy:

[ ] none
[ ] high blood pressure
[ ] bed rest
[ ] alcohol use
[ ] drug use
[ ] cigarette use
[ ] other ________

Birth:

[ ] normal delivery
[ ] difficult delivery
[ ] cesarean delivery
[ ] complications: ________

Birth weight: ________

Infancy:

[ ] feeding problems
[ ] sleep problems
[ ] toilet training problems
[ ] colic
[ ] other: ________

Childhood health:

[ ] lead poisoning (age: ___)
[ ] ear infections
[ ] head injury (list age and describe: ________)
[ ] other significant injury (list age and describe: ________)
[ ] asthma (age diagnosed ________)
[ ] seizures (type and ages: ________)
[ ] hearing loss (age diagnosed and severity: ________)
[ ] impaired vision not corrected by lenses (age diagnosed: ________)
[ ] surgeries (ages and type: ________)
[ ] chronic, serious health problems: ________

Delayed developmental milestones (check only those that were not reached at expected age):

[ ] sitting
[ ] rolling over
[ ] standing
[ ] engaging peers
[ ] tolerating separation
[ ] toilet training
[ ] walking
[ ] speaking
[ ] riding bicycle

Social interaction (check all that apply to you as a child):

[ ] normal social interaction
[ ] very shy
[ ] inappropriate sex play
[ ] other: ________
[ ] isolated self
[ ] dominated others
[ ] had acting out friends

Emotional/behavior problems (check all that apply to you as a child):

[ ] drug use
[ ] alcohol abuse
[ ] stealing
[ ] often sad
[ ] violent temper
[ ] disobedient
[ ] distrustful
[ ] hostile/angry
[ ] impulsive
[ ] indecisive
[ ] immature
[ ] hyperactive
[ ] extreme worrier
[ ] self-injurious acts
[ ] fire-setting
[ ] anxious
[ ] easily distracted
[ ] frequently daydreamed

Intellectual/academic functioning (check all that apply to you as a child):

[ ] normal intelligence
[ ] high intelligence
[ ] special education from ___ to ___ for ____________________
[ ] mild retardation
[ ] moderate retardation
[ ] authority conflicts
[ ] attention problems

Current or highest education level: ____________________

SOCIO-ECONOMIC HISTORY *(check all that apply)*

Living situation:
[ ] housing adequate
[ ] homeless
[ ] housing overcrowded
[ ] dependent on others for housing
[ ] housing dangerous/ deteriorating

Employment:
[ ] employed and satisfied
[ ] employed but dissatisfied
[ ] unemployed
[ ] coworker conflicts
[ ] change jobs a lot
[ ] disabled: ___________

Financial situation:
[ ] no current financial problems
[ ] large indebtedness
[ ] poverty
[ ] impulsive spending
[ ] relationship conflicts over finances

Social support system:
[ ] supportive network
[ ] few friends
[ ] substance-use-based friends
[ ] no friends
[ ] distant from family of origin
[ ] living companions dysfunctional

Military history:
[ ] never in military
[ ] served in military: ___________
____

Legal history
[ ] no legal problems
[ ] now on parole/probation
[ ] arrest(s) not substance-related
[ ] arrest(s) substance-related
[ ] court ordered this treatment
[ ] jail/prison ___ time(s); total time served: _________
[ ] describe last legal difficulty: ____
____
____

Sexual history:
[ ] heterosexual orientation
[ ] homosexual orientation
[ ] bisexual orientation
[ ] currently sexually active
[ ] not currently sexually active
[ ] currently sexually dissatisfied
[ ] history of unsafe sex: ages __ to __
[ ] age first sexual experience: ___
[ ] age first pregnancy or fatherhood: ___
[ ] history of promiscuity: ages __ to __

Cultural/Spiritual/Recreational history:
Cultural identity (e.g. ethnicity, religion): ___________
____
Describe any cultural issues that contribute to current problem: ___________________________
____

	Yes	No
Active in community/recreational activities?	[ ]	[ ]
Was active in community/recreational activities?	[ ]	[ ]
Currently engage in hobbies?	[ ]	[ ]
Currently participate in spiritual activities	[ ]	[ ]

If answered "yes" to any of the above, describe: ______
____
____
Name and city of church attended: _______________
____

Describe any other developmental problems or issues: ____
____
____
____

MEDICAL AND PSYCHOLOGICAL HISTORY

Primary Care Physician: ______________________________________ Phone: ___________________

Psychiatrist (if any): ______________________________________ Phone: ___________________

Describe current physical health: [ ] Good [ ] Fair [ ] Poor

List any current medical conditions: ____
____
____

List any known allergies: ____

Describe any serious hospitalization or accidents. Include Date, Age, and Reason
____
____
____

Have you previously taken medication to treat psychological problems? [ ] no [ ] yes (include below)
List any medications you currently take:

Medication	Reason	Dosage	Freq	Start/End Date	Physician	Side Effects	Beneficial?

Which of the following areas of functioning have been impaired by psychological problems? (Check all that apply)
[ ] Occupational [ ] Academic [ ] Social [ ] Affective (Emotional) [ ] Physical

Is there a history of any of the following in the family?

___ tuberculosis
___ birth defects
___ emotional problems
___ behavior problems
___ thyroid problems
___ cancer
___ mental retardation
___ heart disease
___ high blood pressure
___ alcoholism
___ drug abuse
___ diabetes
___ Alzheimer's disease or dementia
___ stroke
___ other chronic or serious health problems: ______________________________
____

Has any family member ever received a psychiatric diagnosis or psychological treatment (inpatient or outpatient)?
[ ] No [ ] Yes (describe below)

Has any family member ever taken medication for a psychological problem? [ ] No [ ] Yes (describe below)

____
____
____
____

SUBSTANCE USE HISTORY *(check all that apply)*

Family alcohol/drug abuse history:

[ ] father
[ ] mother
[ ] stepparent/live-in
[ ] uncle(s)/aunt(s)
[ ] grandparent(s)
[ ] sibling(s)
[ ] spouse/significant other
[ ] children
[ ] other ______________
____

Substance use status:

[ ] no history of abuse
[ ] active abuse
[ ] early full remission
[ ] sustained full remission
[ ] sustained partial remission

Issues related to substance abuse:

[ ] hangovers
[ ] seizures
[ ] blackouts
[ ] overdose
[ ] assaults
[ ] binges
[ ] job loss
[ ] arrests
[ ] suicidal impulse
[ ] sleep disturbance
[ ] withdrawal symptoms
[ ] medical conditions
[ ] tolerance changes
[ ] loss of control of amount used
[ ] relationship conflicts

Substances used:

	First use age:	Current use? (Yes/No)	Last use age:	Frequency	Amount
[ ] Alcohol	________	________	________	________	________
[ ] amphetamines/speed	________	________	________	________	________
[ ] barbiturates/owners	________	________	________	________	________
[ ] caffeine	________	________	________	________	________
[ ] cocaine	________	________	________	________	________
[ ] crack cocaine	________	________	________	________	________
[ ] hallucinogens (e.g, LSD)	________	________	________	________	________
[ ] heroin	________	________	________	________	________
[ ] inhalants (e.g., glue, gas)	________	________	________	________	________
[ ] marijuana or hashish	________	________	________	________	________
[ ] nicotine/cigarettes	________	________	________	________	________
[ ] PCP	________	________	________	________	________
[ ] prescription: ________	________	________	________	________	________
[ ] other: ____________________	________	________	________	________	________

PREVIOUS TREATMENT

PSYCHIATRIC HOSPITALIZATIONS AND TREATMENT (INCLUDING CD TREATMENT)

Prior outpatient psychotherapy or counseling? [ ] No [ ] Yes *If yes, complete the following*:

Age at time	Psychotherapist/Counselor (Agency, City)	Duration	Circumstances for treatment
____________	______________________	____________	______________________
____________	______________________	____________	______________________
____________	______________________	____________	______________________
____________	______________________	____________	______________________
____________	______________________	____________	______________________

Are you currently seeing any of the above? [ ] No [ ] Yes *If yes, please include name here:* ______________________

Prior hospitalizations or inpatient treatment for psychological or CD issues? [ ] No [ ] Yes *If yes, complete the following*:

Age at time	Hospital/Treatment Center	Duration	Circumstances for treatment

PREVIOUS DIAGNOSES

Have you ever been diagnosed with a psychiatric, substance abuse, learning, emotional, or behavioral disorder??

[ ] No [ ] Yes *If yes, complete the following*:

Diagnosis	Age	Diagnosis made by	Agree?

CURRENT SYMPTOM CHECKLIST (*Rate the intensity of the symptoms present in the last two weeks*)

None = This symptom is not present at this time **Mild** = This symptom is currently impacting my quality of life, but not significantly impairing my day-to-day functioning **Moderate** = This symptom is significantly impacting my quality of life and/or day-to-day functioning **Severe** = This symptom is profoundly impacting my quality of life and/or day-to-day functioning

Symptom	None	Mild	Moderate	Severe
Depressed mood				
Low energy				
Sleep disturbances				
Dissociation				
Hyperactivity				
Bingeing				
Decreased sex drive				
Unresolved guilt				
Irritability				
Nausea/acid indigestion				
Social anxiety				
Self-mutilation/cutting				
Impulsive actions/speech				
Nightmares				
Elevated mood				
Losing train of thought				
Mood swings				
Disorganized				
Anorexia				
Social isolation				
Grief				
Phobias				
Headaches				
Loneliness				
Problems at Home				

Symptom	None	Mild	Moderate	Severe
Increased or decreased appetite				
Unplanned weight gain				
Unplanned weight loss				
Paranoid thoughts				
Poor concentration/indecisive				
Purging/over-exercising				
Excessive worrying				
Low self-worth				
Anger management problems				
Tension				
Hallucinations				
Racing thoughts				
Restlessness				
Loss of interest in normal activity				
Decreased creativity/productivity				
Unresolved anger				
Easily distracted				
Memories of trauma				
Hopelessness				
Marital problems				
Panic attacks				
Suicidal thoughts				
Feel panicky/anxious				
Work problems				
Has attempted suicide in the past				

Briefly describe how the above symptoms impair your ability to function: ____________________

____

____

ENVIRONMENTAL STRESSORS *(check all that apply and are current or recent)*

[ ] Death of a family member
[ ] Health problems in family
[ ] Disruption of family by separation
[ ] Disruption of family by divorce
[ ] Disruption of family by estrangement
[ ] Marriage stress
[ ] Removal from the home
[ ] Remarriage of parent
[ ] Sexual abuse
[ ] Physical abuse
[ ] Parental overprotection
[ ] Neglect of a child
[ ] Inadequate discipline
[ ] Discord with siblings
[ ] Birth of a sibling
[ ] Birth of a child
[ ] Death or loss of a friend
[ ] Inadequate social support
[ ] Living alone
[ ] Difficulty with acculturation
[ ] Discrimination
[ ] Adjustment to life cycle transition
[ ] Illiteracy
[ ] Academic problems
[ ] Discord with teachers or classmates
[ ] Unemployment
[ ] Threat of job loss
[ ] Stressful work schedule
[ ] Job dissatisfaction
[ ] Job change
[ ] Discord with boss or coworkers
[ ] Homelessness
[ ] Inadequate housing
[ ] Unsafe neighborhood
[ ] Discord with neighbors or landlord
[ ] Extreme poverty
[ ] Inadequate finances
[ ] Insufficient welfare support
[ ] Inadequate healthcare
[ ] Inadequate health insurance
[ ] Recent arrest or incarceration
[ ] Involved in litigation
[ ] Victim of a recent crime
[ ] Exposure to war, disasters, or other hostilities
[ ] Discord with counselor, social worker, physician or other caregiver
[ ] Other ____________________

PRESENTING PROBLEMS

Please state your reasons for seeking therapy. For each problem please include any additional relevant information including the length of time this has been a problem.

1. ____

____

2. ____

____

3. ____

____

Therapist use only