



Confidential Adult Intake Information

Client's name: _____ **Date:** _____

Chief concern

Please describe the main difficulty that has brought you here: _____

Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate treatment? Yes No

Medications

Please list all current prescription and over the counter medications and doses.

Treatment/Medical History

Please list any past treatment for psychological, psychiatric, drug or alcohol treatment, or counseling services you have received with provider names, dates and locations. Please list all major illnesses, injuries, accidents, hospitalizations, allergies or medical conditions.

Living Situation:

Alone___ Friend___ Parent___ Spouse___ Partner___ Divorced___ Widowed___

First names, ages, and relationship of those who live with you: _____

List any previous marriages or significant relationships: _____

Abuse History

I was not abused in any way I was abused

Type: Physical Emotional Sexual Neglect

Age: Child Adult

Chemical Use

1. Have you ever felt the need to cut down on your drinking? No Yes
2. Have you ever felt annoyed by criticism of you drinking? No Yes
3. Have you ever felt guilty about your drinking? No Yes
4. Have you ever taken a morning “eye-opener” drink? No Yes

Legal Issues

Please list any current or past legal issues you may have including arrests, lawsuits, etc.

Additional Information

Please list any additional information that would help me understand your problems and provide appropriate treatment.

Adult Checklist of Concerns *(Please check ALL that apply).*

- Abuse—physical, sexual, emotional, neglect (of children or elderly people), cruelty to animals
- Aggression, violence, anger, impulsivity, mood swings/irritability
- Anxiety, nervousness, fears/phobias
- Attention, concentration, distractibility
- Career/Academic concerns, goals and choices
- Childhood issues (your own childhood)
- Depression, low mood, sadness, crying
- Discrimination (racial, gender, sexual orientation, etc.)
- Drug or alcohol use
- Eating problems
- Grieving, mourning, deaths, losses
- Health, illness, medical concerns, physical problems
- Interpersonal conflicts
- Marital conflict, divorce, separation
- Obsessions, compulsions
- Over sensitivity to rejection
- Parenting, child management, single parenthood
- Self-esteem, self-neglect, poor self-care
- Sexual issues, dysfunctions, conflicts, desires, or other
- Sleep problems
- Spiritual, religious, moral, ethical issues
- Suicidal thoughts
- Other: