

### **Adult Intake Form**

Please provide the following information. Please note this information will be kept confidential

### **Demographic Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Religious Background: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ *Is it ok to leave a voicemail?* YES NO

Cell Phone: \_\_\_\_\_ *Is it ok to leave a voicemail?* YES NO

Email: \_\_\_\_\_

*Would you like to receive email communication?* YES NO

*Is it ok to send something in the mail?* YES NO

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

Referred by: \_\_\_\_\_  
(Name) (Relationship)

Is it okay to send the referral source a "thank you"? YES NO

If Yes, Referral contact information:

\_\_\_\_\_  
(Address) (Email) (Phone)

### **How Have We Come to Meet?**

What are the three biggest concerns or symptoms you are having right now for which you are seeking services (i.e., significant life changes, stressful events or losses, etc.)? How long have each been going on? Please list them in order of importance:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think those that care about you would say their concern(s) is/are in regards to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What solutions (helpful or unhelpful) have you tried to resolve your concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Have you had therapy in the past? If so, please provide treatment providers names and dates of services. What reasons did you attend therapy for? Please share about your experience. What was helpful? What was not helpful?

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**Change is Coming...**

What are your expectations/goals from therapy? What are your expectations of the therapist?

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Looking into the future, how will you know that our work and time together has been worth it? List concrete changes you would like to see happen during the course of therapy:

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What other things would you like to see change in your life (family, career, health, relationships, etc.)?

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Do you foresee any obstacles to achieving your goals or the desired changes?

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How long do you think therapy will need to last to achieve your goals? Write down a target date:

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List 5 strengths about yourself or that others say about you, give examples of each:

1. 

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2. 

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3. 

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4. 

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5. 

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Is there anyone that you would like to be a part of your sessions or think may be helpful to be part of sessions either now or in the future?

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### **Medical & Wellness Information**

What do you do for wellness (i.e. healthy food choices, exercise, limits on TV/electronics/work, managing stress, family time, leisure, etc.)? Give examples:

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How do you achieve balance in your life?

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Have you ever received psychiatric services before (including hospitalizations)?  
If yes, how long ago, with whom, for what, medications prescribed and results:

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Are you presently under a physician's/psychiatrist's care? If so, for what reason?

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Do you have any allergies (food, environmental, medicinal, animal, etc.)?

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Do you have any current or past medical issues, hospitalizations, accidents, injuries or surgeries?  
If yes, what?

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Is there a family history of the above medical issues/concerns?

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Is there anyone in your life that is currently dealing with a medical issue that you are concerned about? If so, whom, for what?

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In the past year, have there been any changes in your life? (i.e.: moves, appetite, sleep, health, family, overall functioning)?

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Have you ever served in the military? Is so, when?

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List any medications (over-the-counter & prescribed), nutritional or herbal supplements, or alternative treatments (acupuncture, chiropractic, etc.) you are taking/doing and the reasons:

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### **Important Questions I Must Ask**

Have you ever had thoughts that you did not want to live? YES NO  
If yes, please explain:

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Do you currently feel that you do not want to live? YES NO  
If yes, please explain (i.e. how often do you have the thought, when was the last time you had the thought, did something happen to make you have the thought, would anything make it better):

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Have you ever had thoughts of killing yourself? YES NO  
If yes, please explain (is the method readily available):

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Have you ever planned on killing yourself? YES NO  
If yes, please explain:

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Have you ever attempted to kill yourself? YES NO  
If yes, please explain:

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Has anyone in your family or close to you died by suicide? YES NO  
If yes, please explain:

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Have you ever felt you wanted to seriously harm or kill someone else? YES NO  
If yes, please explain:

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Do you have weapons in your home or access to weapons? YES NO  
If yes, who has access to them and what are the safety protocols around them?

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Have you ever or are you currently engaging in self harm? YES NO  
If yes, please explain (current or past and with what/how):

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Is there any past or present abuse (sexual, physical, emotional, neglect) or violence? YES NO  
If so, please explain (including DCP&P involvement):

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Have you ever witnessed or experienced a trauma? Do you have reoccurring nightmares, flashbacks, or do you avoid anything that is uncomfortable or painful? If so, please explain:

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Do you have a history of substance abuse (alcohol or drugs)? If yes, please explain:

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Are you currently using any illegal drugs or prescription medications in a way other than was prescribed, or is the reason you are seeking therapy services substance related?

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Are you concerned about hearing or seeing things that do not appear to be real? If so, please explain:

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Do you have past or current legal issues or is the reason you are seeking therapy related to a court order? If so, please explain?

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### **Career/Job, Recreation and Leisure**

What is your current occupation? How would you describe your fulfillment of your job/career?

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What is your highest level of education completed and field of study?

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What do you enjoy doing during your free/leisure time?

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### **Intimate Relationships**

If you are currently in a relationship, describe your relationship:

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How would you describe your communication?

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How would you describe intimacy and/or sex in your relationship?

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\* If you are in a relationship answer the following regarding your relationship:

1. Like \_\_\_\_\_
2. Dislike \_\_\_\_\_
3. Not enough of \_\_\_\_\_
4. Too much of \_\_\_\_\_
5. Ideal relationship \_\_\_\_\_

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**Understanding Your Family & Influences**  
*\* Space left for therapist to draw family tree (genogram)*

Parent's marital status:

Married   Divorced   Never Married   Separated   Domestic Partners   Widowed

Please describe your relationship with your parents:

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How would you describe your upbringing?

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Who do you currently live with?

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Do you have any pets? If yes, names, types and relationship to each pet:

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Describe your relationship with each family member:

Mother:

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Father:

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Mother's Significant Other:

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Father's Significant Other:

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Siblings: Age, Name, Sex:

a. Sibling 1

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b. Sibling 2

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c. Sibling 3

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Significant Other/Spouse:

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Children: Age, Name and Sex:

a. Child 1

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b. Child 2

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c. Child 3

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### **Relationships**

Describe your relationship with your friends:

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Who would you say your support system is (people, organizations, or affiliations)?

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Do you belong to any religious or spiritual groups? YES      NO  
If yes, what is your level of involvement?

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How do your religious or spiritual beliefs/practices influence your life?

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Please list anything else that is important for me to know about you that would assist me in working with you to achieve your desired results:

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- Thank You -

\_\_\_\_\_  
Clinician, Credentials

\_\_\_\_\_  
Date