

Adult Intake Questionnaire

Name: _____ Date: _____

Address: _____ Age: _____ D.O.B.: _____

Phone: home: _____ → Ok to leave message? Y / N

work: _____ → Ok to leave message? Y / N

cell: _____ → Ok to leave message? Y / N

Please describe briefly why you are seeking therapy: _____

How did you hear about my services? _____

Is it okay with you if I thank the person who referred you to my practice? Yes No

Social/Family History

Marital/relationship status: single married/partnered separated divorced widowed

If married/partnered, how long? _____ Name of partner: _____

Have you been previously married? Y / N When? _____

Children: Age: Living at home?

_____ Y / N

_____ Y / N

_____ Y / N

_____ Y / N

Others currently living in the home:

What individual(s) in your life provide you with the greatest source of social support?

Emergency Contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Are you a veteran? Y / N

If yes, what branch were you in and what dates? _____

Have you ever been involved in a lawsuit? Y / N

If yes, please describe the circumstances and give dates.

Have you ever been arrested for a crime? Y / N

If yes, please describe the circumstances and give dates.

Ethnic affiliation: _____

Religious affiliation (if any): _____

Please provide the following information about your family:

Mother Name: _____

If deceased, year and cause of death: _____

If living, age and health status: _____

If living, where does she live now? _____

Father Name: _____

If deceased, year and cause of death: _____

If living, age and health status: _____

If living, where does he live now? _____

Siblings:

<u>Name</u>	<u>Age</u>	<u>Where does s/he live?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work/Education

Employment (circle one):

employed full-time employed part-time work at home unemployed retired disabled

If employed, where do you work? _____

Your occupation: _____ Hours/week employed: _____

List any career/work problems: _____

If retired, disabled, or unemployed, list date of last employment: _____

Spouse/partner's occupation, if applicable: _____

Household income(circle one):

Less than \$24,999 \$25,000-\$44,999 \$45,000 - \$69,999 \$70,000 - \$99,999 \$100,000+

Are you currently in school? Y / N

Level of schooling completed (circle all completed): School, location, date degree earned (if applicable) and field of study (if applicable)

Grade school or some high school _____

High school graduate _____

Some college _____

College graduate _____

Advanced degree(s) _____

Did you ever receive any special education services (e.g. academic tutoring, IEP, classroom accommodations, etc.)? Y / N

If yes, give details: _____

Medical and Psychiatric History

Date of last physical exam: _____

Physician name: _____ Address: _____

List current and past health and medical problems: _____

Current medications:	Dosage:	Purpose:	Prescribed by:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been in therapy before? Y / N

Name of therapist: _____ Dates: _____

Name of therapist: _____ Dates: _____

Name of therapist: _____ Dates: _____

Name of therapist: _____ Dates: _____

How frequently do you drink alcohol (circle one)?

never infrequently moderately frequently heavily

How frequently do you use drugs (circle one)?

never infrequently moderately frequently heavily

Have you ever been hospitalized for psychiatric reasons? Y / N

Hospital: _____ Date: _____ Reason: _____

Hospital: _____ Date: _____ Reason: _____

Hospital: _____ Date: _____ Reason: _____

Does anyone in your family have a history of mental health problems? If yes, who?

Depression: _____

Bipolar/Manic-depression: _____

Anxiety: _____

Schizophrenia: _____

Alcohol/Drug Abuse: _____

Suicide: _____

Attention Deficit/Hyperactivity Disorder: _____

Other: _____

What types of stressors have you experienced in the past several years? _____

Do you have any hobbies? If yes, please list them. _____

What are your strengths? _____

What are you most proud of in your life? _____