



## Adult Intake Form

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Client's age when form completed \_\_\_\_\_

If person completing the form is different from client, write name and relationship to client:

\_\_\_\_\_

What is the client's marital status (e.g., single, divorced, widowed, etc.) \_\_\_\_\_

What are your current concerns and/or what prompted you to seek services?

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

When did you first notice the concerns listed above?

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

Who currently lives with the client?

Name	Age	Relationship to Client

### Education/Work History

Is the client currently employed (circle)? Yes / No

Full time or part time (circle)? Full time / Part time

Current place of employment: \_\_\_\_\_

Current job title: \_\_\_\_\_

**Medical Information**

Name of Client's Physician: \_\_\_\_\_ Phone:# \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Date and Reason of Last Physical Exam \_\_\_\_\_

Current Medication(s)

Name	Dosage	Prescriber/Clinic	Date(s)

\*\*If medication(s) not taken regularly/correctly, please explain:

Previous Medication(s)

Name	Dosage	Prescriber/Clinic	Date(s)

Previous Therapist(s)

Name/Clinic	Date	Comment(s)

Previous Hospitalizations, Partial Hospitalizations, Day Treatments, Chemical Dependency Treatments, etc.

Name/Clinic/Facility	Date	Comment(s)

Current medical issue(s):

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Have any of the following things occurred?

**Life Events**

	Circle:	When (month/year):	Explain briefly:
Caretaker for loved one:	Yes / No		
Child's chronic illness:	Yes / No		
Death of loved one:	Yes / No		
Divorce/separation:	Yes / No		
Financial Difficulties:	Yes / No		
Job Loss:	Yes / No		
Move:	Yes / No		
Other stressful life events (explain):	Yes / No		
Other stressful life events (explain):	Yes / No		

Chemical Health History (Alcohol, Illegal Substances, Non-Prescribed Substances, Tobacco, other)

Have there been any negative consequences as a result of your chemical use? i.e., DUI's, arrests, charges, relationship difficulties, etc. If yes, please describe.

Previous chemical abuse treatments? Describe (where, when, comments):

**Check any of the following statements that are true for you. USE SPACE NEXT TO STATEMENT TO PROVIDE MORE INFORMATION, IF YOU WISH.**

- I get angry a lot
- I worry often
- I think about hurting or killing myself
- At times, my life or future seems hopeless
- I'm comfortable with my eating habits
- Others have expressed worry about my eating habits
- Thoughts seem to race in my head a lot
- I have a hard time concentrating when I need to
- My energy levels are lower than I'd like
- I get frustrated easily
- My mood seems to go up and down quickly and/or severely
- I avoid conflict
- I feel stressed a lot
- I cry quite a lot
- I get angry and I don't know why
- I feel guilty about things often
- I get sad for no reason
- I'm scared at home and/or work
- I have trouble falling and/or staying asleep
- Myself or others have said they think I sleep too much
- I have good friends
- I feel supported by my family
- I'm happy with my success
- I feel people in my family do not care about me
- My siblings and I get along
- My friends have said that they worry about me

**Check any of the following statements that are true for you. USE SPACE NEXT TO STATEMENT TO PROVIDE MORE INFORMATION, IF YOU WISH.**

- I worry about someone in my family
- There is a lot of conflict in my house
- I have trouble making or keeping friends
- I like myself
- I know what I am good at
- I feel my strengths outweigh my weaknesses
- I am comfortable with my looks
- My weight is an issue for me
- I wish I could change certain things about me or my life or family
- I am often very jealous of certain people and it bothers me / others
- I am NOT clear about my sexual orientation and/or gender (gay, straight, bisexual, transgender, gender non-conforming)
- I like being in committed relationships
- My culture, religion, and/or ethnicity is an issue for me
- Others have expressed worry or concern about my use of drugs and/or alcohol
- I have been in trouble with the legal system before
- I am concerned about someone else's use of drugs and/or alcohol
- Sometimes I think I overuse the internet, videogames, etc.
- Sometimes I think I overuse pornography or I may have a pornography addiction

**Are you currently having any other *specific* problems at work, school, home? Please describe:**