ADULT INTAKE FORM

GENERAL INFORMATION

Please fill out and provide the following information and bring it to your first session.

- **Name:** _____
- **Today's Date:** _____
- **Your age:** _____ **Date of Birth (DOB):** _____
- **Address:** _____
- **Cell phone:** _____
- **Email:** _____
- **Emergency Contact:** _____

INSURANCE INFORMATION

- **Insurance Company:** _____
- **Name of Insured:** _____
- **Insured's Member ID #:** _____
- **Insured's Group #:** _____

ISSUES OF CONCERN

- What is the main reason you're seeking help? (include how long you've had these symptoms or problems): _____
- What are your goals for therapy? _____
- Have you experienced any unusually severe stresses during the last year? Yes No
    - If yes, please describe: _____
- What do you consider to be your strengths? _____
- What do you consider to be your areas of needed growth? _____

MEDICAL HEALTH INFORMATION

- Do you currently have any medical concerns? _____
- Do you currently take any medications? If so, which? _____

MENTAL HEALTH INFORMATION

- Have you previously seen a therapist or psychiatrist? If so, when? _____
- What issues? _____

BACKGROUND INFORMATION

- Where were you born? _____
- Where did you live most of your childhood? _____
- What was the highest grade of education you completed? _____
- When you were a child, did you struggle with any of the following:

□ Learning disabilities	□ Teasing/Bullying	□ Eating disorders
□Hyperactivity/ Focus	□ Witnessing violence	□Sexual, physical/ emotional abuse

FAMILY HISTORY

- Describe your relationship with your parents: _____
- List anyone else who lived with you or cared for you regularly: _____
- Were you adopted? Age: _____
- Identify if any members of your family and extended family have a history of any of the following. If yes, please indicate the family member's relationship to you.

☐ Anxiety	☐ Depression
☐ Bipolar	☐ Obsessive-Compulsive Behavior
☐ Eating Disorder	☐ Domestic Violence
☐ Suicide Attempt	☐ Substance Abuse

SOCIAL HISTORY

Current status: □Married □Divorced □Separated

- If in a relationship, for how long? _____
- Do you have any concerns about your current marital or romantic relationship that you would like to discuss? _____
- Describe your social relationships. Do you have friends and/or extended family?
  _____
- Whom can you turn to for emotional and other forms of support?
  _____

List your biological, adopted, and/or stepchildren with age (if applicable):

_____

_____

If you and your former spouse/partner have children together, please describe your current custody & visitation schedule (if any) and the status of your communication:

_____

EMPLOYMENT HISTORY

- Are you currently employed? _____
- Please describe your current work or academic situation: _____
- Do you enjoy your work/school? _____

Is there anything stressful about it? _

INTERESTS/ACTIVITIES/SPIRITUALITY

- What are some of your interests & activities? _____
- Do you consider yourself spiritual or religious? _____
- If yes, describe your spirituality/faith and your level of participation in a faith-based group:
  ____

PROBLEM AREAS

How much is each of the following areas currently a problem for you?

	1-Never	2- A Little	3-Somewhat	4-Often
• Anxiety	□1	□ 2	□3	□4
• Physical Problems	□1	□ 2	□3	□4
• Sleep Problems	□1	□ 2	□3	□4
• Depression	□1	□ 2	□3	□4
• Alcohol or Substance Abuse	□1	□ 2	□3	□4
• Family Conflicts	□1	□ 2	□3	□4
• Marital Conflicts	□1	□ 2	□3	□4
• Social Relationships	□1	□ 2	□3	□4
• Job/School	□1	□ 2	□3	□4
• Sexual Problems	□1	□ 2	□3	□4
• Spiritual/Religious	□1	□ 2	□3	□4
• Legal Problems	□1	□ 2	□3	□4
• Eating Disorder/Struggles	□1	□ 2	□3	□4
• Abuse (physical, emotional, sexual	□ 1	□ 2	□3	□4

Thank you for filling out this form as completely and honestly as possible. It is intended to give us the best basis for an excellent therapy session.
Dr Eva