Adult Client Intake Form

Client Information

Name_____

Address_____

City_____ State_____ Zip_____

Phone #s: Home_____ Cell_____ Work_____

(please circle preferred contact number)

Text appointment reminders to cell phone: _____Yes _____No

Email address (for appointment reminders)_____

Date of Birth: _____/_____/_____ Marital status: ___Single ___Married ___Divorced

Gender_____ Race_____ Religion_____

Employment status: ___Employed ___Self-employed ___Unemployed ___Retired ___Student

Occupation_____

Emergency Contact Information

Notify_____ Phone #_____

Relationship to client: _____

Health and Medical Information

Primary Care Physician_____ Phone#_____

Psychiatrist _____ Phone#_____

List any medical problems_____

_____

Any history of head trauma (describe)_____

Current medications/supplemnts/vitamins/herbs_____

_____

Main Purpose for Seeking Therapy (Please give a brief summary of main problems)

_____

_____

_____

_____

_____

_____

_____

_____

What do you want to accomplish in therapy (e.g., goals)?

_____

_____

_____

Prior experiences with therapy/psychiatric treatment (other professionals, medications, types of treatment, etc.) _____

_____

_____

_____

_____

Current life stresses (example: relationships, job, school, finances, children) _____

_____

_____

_____

Sleep behavior (sleepwalking, nightmares, recurrent dreams, problems with getting up/going to bed)_____

_____

_____

_____

Personal History

Prenatal and birth events

What was your parent's attitude toward their pregnancy with you? _____

Were there any pregnancy complications (e.g., bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol drug use, etc.)? _____

_____

Were there any birth complications (e.g., c-section, long labor, use of forceps, medical complications, etc.)? _____

_____

Are you adopted? ___Yes ___No

School history

Last grade completed_____ Last school attended_____

Average grades received_____ Learning disability_____

Behavioral problems in school_____

What would your teachers say about you?_____

Employment history

Briefly summarize jobs you have had_____

_____

_____

_____

Described any work-related problems that affected your performance, relationships with bosses or co-workers, or resulted in suspensions/terminations?_____

_____

_____

What would your employers/supervisors say about you?_____

_____

Military history

Branch of service:_____ Length of service_____

Combat experience_____ Injuries_____

Legal Issues

Briefly describe any legal issues that you have experience (provide age when issues occurred)_____

_____

Are you currently required by a court of law to receive counseling? ___Yes ___No

Sexual history (answer only as much as you feel comfortable)

Age at the time of first sexual experience_____ Number of sexual partners_____

History of sexually transmitted diseases_____

History of terminated pregnancies_____

History of sexual abuse, molestation, or rape_____

Current sexual issues_____

Alcohol and drug history

List any alcohol, prescription drug, or street drug use; include age started, type of substance, and current use_____

_____

_____

_____

_____

Have you experienced withdrawal symptoms from alcohol or drugs? ___Yes ___No
Have you been told that you had a problem with alcohol or drugs? ___Yes ___No
Have you felt guilty about your alcohol or drug use? ___Yes ___No
Have you been annoyed when someone talked to you about your alcohol or drug use ___Yes ___No
Have you used alcohol or drugs first thing in the morning? ___Yes ___No
Caffeine use per day (coffee, tea, sodas, chocolate)_____
Nicotine use per day, past and present (cigarettes, cigars, chew)_____

Describe your relationships with friends_____

_____

Describe yourself_____

_____

Describe your strengths_____

_____

Family History

Family structure; current

Describe who lives in your current household; give relationship to each (note foster, adopted, or step-relationships)_____

_____

_____

Children (names, ages, problems, strengths)_____

_____

_____

Current marital or relationship satisfaction_____

_____

Significant family events

List any significant events including marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc._____

_____

_____

_____

Biological mother's history

___ Living _____Age ___Deceased _____Age at death ___Work outside home

School: Highest grade completed_____

Learning problems_____ Behavior problems_____

Marriages_____

Medical Problems_____

Childhood environment (family position, abuse, illnesses, etc.)_____

_____

Has mother ever sought psychiatric treatment? ___Yes ___No If yes, explain_____

_____

Mother's alcohol/drug use history_____

Biological mother's history (continued)

Have any of your mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify)_____

_____

_____

Biological father's history

___ Living _____Age ___Deceased _____Age at death ___Work outside home

School: Highest grade completed_____

Learning problems_____ Behavior problems_____

Marriages_____

Medical Problems_____

Childhood environment (family position, abuse, illnesses, etc.)_____

_____

Has father ever sought psychiatric treatment? ___Yes ___No If yes, explain_____

_____

Father's alcohol/drug use history_____

Have any of your father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify)_____

_____

_____

Siblings

Please list names, ages, problems, strengths, relationship to client; also note any adopted, foster, or step-relationships_____

_____

_____

_____

(If Applicable)

Step- or Adoptive Mother's History (indicate which)

___ Living _____Age ___Deceased _____Age at death ___Work outside home

School: Highest grade completed_____

Learning problems_____ Behavior problems_____

Marriages_____

Medical Problems_____

Name_____

Childhood environment (family position, abuse, illnesses, etc.)_____

_____

Has step- or adoptive mother ever sought psychiatric treatment? ___Yes ___No If yes, explain_____

_____

Step- or adoptive mother's alcohol/drug use history_____

_____

Step- or Adoptive Father's History (indicate which)

___ Living _____Age ___Deceased _____Age at death ___Work outside home

School: Highest grade completed_____

Learning problems_____ Behavior problems_____

Marriages_____

Medical Problems_____

Childhood environment (family position, abuse, illnesses, etc.)_____

_____

Has step- or adoptive father ever sought psychiatric treatment? ___Yes ___No If yes, explain._____

_____

Step- or adoptive father's alcohol/drug use history_____

_____

Thank you for taking the time to complete this form.