

CONFIDENTIAL ADULT INTAKE FORM

Date \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_

Street /address \_\_\_\_\_]

City, State, Zip: \_\_\_\_\_ email address \_\_\_\_\_

Home/ Business/Cell phone #'s \_\_\_\_\_

Education (years completed, trade school or college) \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Married\_\_\_ Single \_\_\_ Domestic Partner \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er)\_\_\_

If married or DP: Date of current marriage/DP: \_\_\_\_\_ Number of years \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Spouse/Partner Employer \_\_\_\_\_ Occupation \_\_\_\_\_

If divorced: date of divorce: \_\_\_\_\_ Number of years married \_\_\_\_\_

Children:

Name	Age	School Grade	Live in home?
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Insurance: \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Phone number for Providers: \_\_\_\_\_

Who is currently living in your household? \_\_\_\_\_

**Medical and Counseling Information**

Please describe any previous counseling and/or psychiatric care, including approximate dates, length of treatment, and primary purpose of treatment: \_\_\_\_\_

\_\_\_\_\_

Doctor or therapist: \_\_\_\_\_

History of any of the following (please check all that apply):

\_\_\_\_Alcohol or substance abuse                      \_\_\_\_Suicide attempt

\_\_\_\_Sexual Abuse    \_\_\_\_Physical Abuse

\_\_\_\_Depression    \_\_\_\_Severe Anxiety/Panic Attacks

\_\_\_\_Domestic Violence                                      \_\_\_\_Anger Management Problems

Do you drink alcohol? If yes, how often and how much? \_\_\_\_\_

Do you smoke cigarettes? How often? \_\_\_\_\_

Do you use drugs? How often and what? \_\_\_\_\_

Other additional comments: \_\_\_\_\_

Family physician: \_\_\_\_\_

Date of last doctor's visit: \_\_\_\_\_

Current medications: \_\_\_\_\_

Chronic Medical Problems: \_\_\_\_\_

Please briefly describe the reasons you are seeking assistance at this time.

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