

adult intake form

Today's Date _____

Account # _____

Update This Form On A Yearly Basis

1 Date of Birth _____ / _____ / _____

2 Name

 First MI Last

3 Address _____

4 City, State, Zip _____, _____, _____

5 Phones Home _____ Work _____ Cell _____

6 Employer

 Title _____ How long employed? _____

7 Social Security # _____ - _____ - _____

8 Sex Male Female

9 Referred by
 Self Internet Physician Work
 Family Lawyer/Court Therapist Yellow Pages
 Friend Minister School Other

Name _____
 Address _____
 Business _____

10 Who will be responsible for payment for counseling services?

Self Insurance Church EAP
 Other (explain) _____

11 Marital Status

Single Separated Engaged Widowed
 Married Divorced Remarried

Spouse	DOB	Lives with You
Children	Sex DOB	Y N
	Sex DOB	Y N
	Sex DOB	Y N
	Sex DOB	Y N

12 Ethnic Background

African American Asian Hispanic
 American Indian Caucasian Other

13 Type of Counseling

Individual Relationship Supervision
 Marriage Career Group
 Family Testing Other

14 Annual Gross Family Income \$ _____

15 Education

High School	Year Completed (circle)	10	11	12	GED
College	Year Completed (circle)	13	14	15	16
Graduate School	Year Completed (circle)	17	18	19	20 +
Other (Business, Nursing, etc.)	_____				

16 Church

Name _____

Your attendance Regular Occasional Seldom Never (circle one)

17 Denomination _____

18 County where you live _____

19 In case of emergency, contact

Name _____

Relationship _____ Home Phone _____

Address _____ Work Phone _____

20 Have you been in therapy before? no yes if yes, fill out next 3 questions

Dates _____

Counselor/Agency _____

Was it helpful? yes no

21 Medical History

Illnesses _____

Hospitalizations _____

Accidents _____

Current Medications	Dosage/Frequency of use

Physician(s) _____

22 Presenting Problems - In Your Own Words, Why Are You Here Today?

1 _____

2 _____

3 _____

4 _____