

Alpharetta/John's Creek Counseling

Adult Intake Form

Name	Appointment Date		
Birth Date	Age	Preferred Pronoun	
Religion	Marital Status		
Race	Children		
Address	City	State	Zip
Home Phone #	Cell #		

Who are you currently living with?

Referral source _____

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems)

WHY DID YOU SEEK THE EVALUATION AT THIS TIME? What are your goals in being here?

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems/medications:

Current supplements/vitamins/herbs:

Past medical problems/medications:

CURRENT LIFE STRESSES (include anything that is currently stressful for you, examples include relationships, job, school, finances, children)

Coping Resources (social supports, hobbies, exercise, nutrition, etc)

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

School History: Last grade completed	Last school attended
Average grades received	Specific learning disabilities
Learning strengths	
Any behavior problems in school?	
What have teachers said about you	

Employment History: (summarize jobs you've had, list most favorite and least favorite)

Any work-related problems?
What would your employers or supervisors say about you?

Military History?

Ever Any Legal Problems?

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

Age at the time of first sexual experience:	Number of sexual partners:
Any history of sexually transmitted disease?	History of abortion?
History of sexual abuse, molestation or rape?	
Current sexual problems?	

Domestic Violence:

Have you ever been the victim of domestic violence? _____ If yes, please explain:

Have you ever been the perpetrator of domestic violence? _____ If yes, please explain:

Alcohol and Drug History: (Please list age started and types of substances used through the years and any current usage. Also, describe how each of these substances made you feel; what benefit you got from them.). These include alcohol (hard liquor, beer, wine), marijuana or hash, prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc.), cocaine or crack, amphetamines or crank or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP.

- Ever experience withdrawal symptoms from alcohol or drugs?
- Has anyone told you they thought you had a problem with drugs or alcohol?
- Have you ever felt guilty about your drug or alcohol use?
- Have you ever felt annoyed when someone talked to you about your drug or alcohol use?
- Have you ever used drugs or alcohol first thing in the morning?

Nicotine use per day, past and present, (nicotine is in cigarettes, cigars, tobacco chew)

FAMILY HISTORY

Family Structure (who lives in your current household, please give relationship to each):

Current Marital or Relationship Satisfaction

Significant Developmental Events (include marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc.)

History of Past Marriages

Natural Mother's History: age _____ outside work _____
School: highest grade completed _____

Learning problems _____

Behavior problems _____

Marriages

Medical Problems

Childhood atmosphere (family position, abuse, illnesses, etc)

Has mother ever sought psychiatric treatment? Yes No If yes, for what purpose?

Mother's alcohol/drug use history:

Natural Father's History: age outside work

School: highest grade completed

Learning problems

Behavior problems

Marriages

Medical Problems

Childhood atmosphere (family position, abuse, illnesses, etc)

Has father ever sought psychiatric treatment? Yes No If yes, for what purpose?

Father's alcohol/drug use history

Siblings (names, ages, problems, strengths, relationship to patient)

Children (names, ages, problems, strengths)

Cultural/Ethnic Background

Describe your relationships with friends

Describe yourself

Describe your strengths