Intake Assessment Information- Adult Form

(*Please print all information*)

I. ADULT CLIENT TODAY'S DATE: _____

A. NAME: _____ BIRTHDATE: _____

ADDRESS: _____
City State Zip

B. What are the concerns for which you are seeking assistance?

_____

_____

_____

_____

_____

II. FAMILY INFORMATION

A. YOUR MARITAL STATUS:

[ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Cohabitating [ ] Widowed

B. RACE/CULTURAL INFORMATION

1. Race: _____
2. Cultural Considerations: _____

C. FAMILY HISTORY OF MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS:

[ ] NO [ ] YES Explain: _____

_____

D. YOUR PARENTS ARE: [ ] Married [ ] Divorced [ ] Separated [ ] Never Married

Your parents are: [ ] Birth Parents [ ] Step Parents [ ] Adoptive Parents

Father's Name: _____Age: _____ If Deceased, Date: _____

Occupation: _____ Highest Grade Level: _____

Mother's Name _____ Age: _____ If Deceased, Date: _____

Occupation: _____ Highest Grade Level: _____

E. YOUR ANNUAL FAMILY INCOME: [ ] Under $30,000[ ] $31,000- $60,000 [ ] $61,000- $$90,000

[ ] $91,000-$120,000 [ ] $121,000-$151,000 [ ] Over $151,000

F. LANGUAGE SPOKEN: _____

G. CURRENT FAMILY SIZE: _____

H. YOUR BROTHERS AND SISTERS:

NAME	AGE	OCCUPATION	EDUCATION	IF DECEASED, DATE & CAUSE	BIOLOGICAL, ADOPTED OR STEP

I. YOUR CHILDREN

NAME	AGE	SEX	OCCUPATION OR GRADE	LIVING WITH CLIENT?	BIOLOGICAL, ADOPTED OR STEP

J. OTHER HOUSEHOLD MEMBERS

NAME	AGE	SEX	OCCUPATION OR GRADE	RELATIONSHIP TO CLIENT

K. RELATIONSHIPS

1. Who do you live with currently?_____
2. Who did you grow up with? _____
3. Describe your relationship with:
   Parents:_____

   Siblings: _____

   Extended Family Members: _____

   Husband/Wife/Significant Other: _____

   Your Children: _____
4. List any family members you wish to have involved in treatment and why: _____

   _____

III. PHYSICAL DESCRIPTION

A. Height _____ Weight _____ Recent Gains or Losses_____

B. Other distinguishing features: _____

C. Do you have any physical impairments or disabilities? If so, explain: _____

_____

D. Are physical characteristics or body image a concern? Explain: _____

_____

IV. EDUCATION

A. [ ] Graduated from High School (year): _____ or [ ] GED? (year) _____

B. [ ] Did not complete school, If yes, last school attended: _____Grade completed: _____
C. [ ] Currently enrolled, if yes, last grade completed: _____Current grade: _____

D. [ ] Post high school education. Explain: _____

E. [ ] Years in special education: _____ Special Education certification: _____

F. Is or was school performance a concern for you? Explain: _____

V. EMPLOYMENT

A. Are you currently employed? [ ] Yes [ ] No If yes, [ ] Full time [ ] Part time [ ] Seasonal

B. Name of employer? _____

C. Position: _____

D. List the types of jobs you have held over the past five years: _____

_____

E. Are you satisfied with your employment/career : _____

VI. SPIRITUAL INFORMATION

A. Is spirituality an area of support or strength for you? [ ] Yes [ ] No
RELIGION: [ ] Catholic [ ] Jewish [ ] Islamic [ ] Protestant [ ] Other: _____

B. Is this an area of concern? [ ] NO [ ] Yes Explain: _____

VII. SEXUAL FUNCTIONING

Is this an area of concern? [ ] No [ ] Yes Explain: _____
_____

VIII. COMMUNITY SERVICES RECEIVED CURRENTLY OR PREVIOUSLY

A. MENTAL HEALTH COUNSELING/SUBSTANCE ABUSE TREATMENT

1. Previous counseling: Where: _____ When:_____

Where:_____When:_____

Where: _____ When:_____

2. Was counseling helpful to you in the past? _____

B. SUPPORT GROUPS

1. List any support groups you attended in the past or presently: _____

2. Was support group attendance helpful? _____

IX. SUBSTANCE USE

A. Do you use illegal or unperceived drugs including alcohol? [ ] No [ ] Yes If yes, explain which drugs, amount and frequency:_____

B. Do you misuse prescription drugs? [ ] No [ ] Yes If yes, explain which drugs and how they are misused:

_____

C. Do you drink alcohol? [ ] No [ ] Yes If yes, how often per week? _____

Amount: _____

D. Is drug or alcohol use an area of concern: [ ] No [ ] Yes If yes, explain: _____

_____

E. Has anyone ever expressed concern with your use of alcohol or other drugs? _____

_____

F. Have you ever been to an Alcoholics Anonymous or Narcotics Anonymous meeting? [ ] No [ ] Yes

G. Have you ever had a legal charge related to alcohol or other drug use? [ ] No [ ] Yes If yes, explain:

_____

H. Do you smoke cigarettes now? In the past? [ ] No [ ] Yes If yes, explain time period, amount and frequency:

_____

X. SOCIAL LIFE

A. Describe your family's strengths: _____

B. Describe your support system (i.e. family, friends): _____

_____

C. Describe your recreational interests: _____

_____

D. Describe any relationship problems with friends/coworkers: _____

_____

XI. HEALTH HISTORY

A. PRIMARY PHYSICIAN: _____

1. Primary Physician's Address: _____
2. Primary Physician's Phone: _____

B. MEDICATIONS: List all current prescriptions, regularly taken- over the counter meds and supplements:

_____

_____

C. Concerns about medications including drug allergies? [ ] No [ ] Yes Explain: _____

_____

D. HEALTH PROBLEMS (Check applicable columns) :

Problems	Never	Past	Present	Family History
Allergies				
Anorexia				
Asthma				
Broken Bones				
Communicable Diseases				
Diabetes				
Fainting/Dizzy				
Hearing Problems				
Heart Disease				
High/Low Blood Pressure				
High/Low Blood Sugar				

Liver Disease, Jaundice				
Major Injuries				
OB/GYN Problems				
Obesity				
Seizures/Epilepsy				
Stomach or Intestinal Problems				
Thyroid Problems				
Ulcer				
Vision Problems				

Comments: _____

_____

E. NUTRITION

Generally good? [ ] Yes [ ] No Special diet? _____

XII. ABUSE HISTORY

Have you experienced physical, sexual or emotional abuse? [ ] No [ ] Yes If yes, explain: _____

_____

XIII. LEGAL HISTORY

A. Do you have any history of legal charges? [ ] No [ ] Yes If yes, explain: _____

_____

B. Are you currently on probation or parole? [ ] No [ ] Yes If yes, explain: _____

_____

C. Is treatment court ordered? _____

XIV. DESCRIBE ANY OTHER RELEVANT CONCERNS:

_____

_____

_____

_____ _____

Signature of Person Completing Form *Date* *Relationship to Client*