



## Adult Intake Questionnaire

In order for use to be able to fully evaluate you, please fill out the following intake form and questionnaires to the best of your ability. We realize there is a lot of information and you may not remember or have access to all of it; do the best you can. If there is information you do not want in your chart it is ok to refrain from putting in this information. Thank you!

### PATIENT IDENTIFICATION

Name \_\_\_\_\_ First Appointment Date \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex/Gender \_\_\_\_\_  
Race \_\_\_\_\_ Marital Status \_\_\_\_\_  
Number of children \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_  
Who are you currently living with? \_\_\_\_\_

**REFERRAL SOURCE** \_\_\_\_\_ **Address** \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Do we have your permission to release information to the referring professional when it is appropriate? Yes \_\_\_\_\_ No \_\_\_\_\_

### MAIN PURPOSE OF THE CONSULTATION (Briefly summarize the main problems)

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

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

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**PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY**

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

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**MEDICAL HISTORY**

Current medical problems/medications: \_\_\_\_\_

Current supplements/vitamins/herbs: \_\_\_\_\_

Past medical problems/medications: \_\_\_\_\_

Other doctors/clinics seen regularly: \_\_\_\_\_

Any history of head trauma? (describe): \_\_\_\_\_

Ever had any seizures or seizure-like activity? \_\_\_\_\_

Prior hospitalizations (place, cause, date, outcome): \_\_\_\_\_

Prior abnormal lab tests – X-rays, EEG, etc: \_\_\_\_\_

Allergies/drug intolerances (describe): \_\_\_\_\_

Present Height \_\_\_\_\_ Present Weight \_\_\_\_\_

**CURRENT LIFE STRESSES** (include anything that is currently stressful to you – examples include relationships, job, school, finances, children) \_\_\_\_\_

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**Prenatal and Birth Events:** Your parents' attitude toward their pregnancy with you \_\_\_\_\_

Pregnancy complications (bleeding, excess vomiting, medication, infections, X-rays, smoking, alcohol/drug use, etc.) \_\_\_\_\_

Any problems during delivery - trauma, forceps, complications? \_\_\_\_\_

**Sleep Behavior:** sleepwalking, nightmares, recurrent dreams, current problems (e.g., getting up, going to bed) \_\_\_\_\_

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

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**School History:** Last grade completed \_\_\_\_\_ Last school attended \_\_\_\_\_  
Average grades received \_\_\_\_\_ Specific learning disabilities? \_\_\_\_\_  
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 had any legal problems?** \_\_\_\_\_

**Sexual History** (answer only as much as you feel comfortable):

Age of first sexual experience: \_\_\_\_\_  
History of sexual abuse, molestation, rape? \_\_\_\_\_  
History of Miscarriage? \_\_\_\_\_ If so, how many? \_\_\_\_\_  
Current sexual problems? \_\_\_\_\_

**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 ever 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? \_\_\_\_\_  
Caffeine use per day (caffeine is in coffee, tea, sodas, chocolate) \_\_\_\_\_  
Nicotine use per day, past and present (nicotine is in cigarettes, cigars, tobacco chew) \_\_\_\_\_



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

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**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? \_\_\_\_\_

Highest grade completed in school \_\_\_\_\_

Learning problems \_\_\_\_\_

Behavior Problems \_\_\_\_\_

Marriages \_\_\_\_\_

Medical Problems \_\_\_\_\_

Childhood atmosphere (family position, abuse, illnesses, etc.) \_\_\_\_\_

Has your mother ever sought psychiatric treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what purpose? \_\_\_\_\_

Mother's alcohol/drug use history \_\_\_\_\_

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)? \_\_\_\_\_

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



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

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**Natural Father's History:** Age \_\_\_\_\_ Outside work? \_\_\_\_\_

Highest grade completed in school \_\_\_\_\_

Learning problems \_\_\_\_\_

Behavior Problems \_\_\_\_\_

Marriages \_\_\_\_\_

Medical Problems \_\_\_\_\_

Childhood atmosphere (family position, abuse, illnesses, etc.) \_\_\_\_\_

Has your father ever sought psychiatric treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what purpose? \_\_\_\_\_

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

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

**Children** (names, ages, problems, strengths) \_\_\_\_\_

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

**Cultural/Ethnic Background** \_\_\_\_\_

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

**Describe your relationship with friends** \_\_\_\_\_

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

**Describe yourself** \_\_\_\_\_

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

**Describe your strengths** \_\_\_\_\_

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