

INTAKE INFORMATION-ADULT

NAME: _____ DATE: _____

SEX: F M

AGE: _____

DATE OF BIRTH: _____

PRESENT MARITAL STATUS:

never married separated
 engaged to be married divorced and not remarried
 married now for first time widowed and not remarried
 married now after first time other (specify: _____)

If married, are you living with your spouse? Yes No

If married, how many years have you been married to present spouse? _____

Who referred you to us? _____

In your own words, please describe what problems or difficulties bring you here at this time.

What previous help have you sought for these difficulties?

When did these difficulties begin?

What important changes or events have happened to you or your family in the last six months (i.e., deaths, births, marriages, job losses, moves, divorce, etc.)?

BIOMEDICAL HISTORY

Name of current physician: _____

Address of current physician: _____

When was your last medical examination? _____

What aches, pains, or physical discomforts do you currently have?

What have you been hospitalized for in the past?

What serious illnesses have you had during your life?

What accidents have you had?

What medications are you currently taking?

Type	Dosage	Frequency	Purpose
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On average, how many hours of sleep do you get daily? _____

Do you have trouble falling asleep at night? Yes No

If yes, please describe:

Have you gained/lost over ten pounds in the past year? Yes No

Gained: _____ Lost: _____

If yes, was the weight gain/loss on purpose? Yes No

Describe your appetite during the past week:

poor appetite _____ average appetite _____ high appetite _____

FAMILY HISTORY

Where were you born and raised?

Mother: living____ deceased____
age____

If deceased, how old were you when she passed?____

What year did she pass?____

What was the cause of death?_____

Father: living____ deceased____
age____

If deceased, how old were you when he passed?____

What year did he pass?____

What was the cause of death?_____

If your parents are divorced or separated, how old were you then?____

Did your mother remarry? Yes No

How old were you when she remarried?____

Did your father remarry? Yes No

How old were you when he remarried?____

Number of brothers:____ Their ages:_____

Number of sisters:____ Their ages:_____

I was child number____ in a family of____ children.

Were you adopted or raised with parents other than your biological parents? Yes No

Please indicate which of the following best describes the family in which you grew up:

WARM AND
ACCEPTING

AVERAGE

HOSTILE AND
FIGHTING

1

2

3

4

5

6

7

8

9

Please indicate which of the following best describes the family in which you grew up:

ALLOWED ME
TO BE VERY
INDEPENDENT

AVERAGE

ATTEMPTED TO
CONTROL ME

1

2

3

4

5

6

7

8

9

Please give your marital history, including dates of marriages.

Date:

Length:

Present Status:

Please list the children living in your home:

Name: Age:

Please list the children not living in your home:

Name: Age: Residence:

Please check below any of the following conditions which are in your family history.

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> glaucoma | <input type="checkbox"/> nerve problems |
| <input type="checkbox"/> asthma | <input type="checkbox"/> heart problems | <input type="checkbox"/> schizophrenia |
| <input type="checkbox"/> cancer | <input type="checkbox"/> heavy drinking | <input type="checkbox"/> stroke |
| <input type="checkbox"/> depression | <input type="checkbox"/> kidney problems | <input type="checkbox"/> suicide |
| <input type="checkbox"/> diabetes | | |

Have you ever been a victim of sexual abuse? Yes No

Have you ever been a victim of physical abuse? Yes No

RELIGION

What is your present religious affiliation?

- Catholic
 Jewish
 Protestant (please specify denomination, if any _____)
 None, but I believe in God
 Atheist or Agnostic
 Other (please specify _____)

How important is religious commitment to you?

UNIMPORTANT				AVERAGE				EXTREME
				IMPORTANCE				IMPORTANCE
1	2	3	4	5	6	7	8	9