

# Adult Counseling Intake Information

*Information provided on this form will be kept in the strictest of confidence.*

## **Personal**

Today's Date \_\_\_\_\_

Referral Source \_\_\_\_\_

Print Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ . Emergency Contact \_\_\_\_\_, # \_\_\_\_\_

Did you graduate college? \_\_\_\_ Highest degree completed \_\_\_\_\_ Major \_\_\_\_\_

## **Current Employment**

Company Name \_\_\_\_\_

Position/Title \_\_\_\_\_

How long employed with this company \_\_\_\_\_ What is your work schedule \_\_\_\_\_

## **Health Information**

Describe your health: Excellent \_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

List any chronic conditions \_\_\_\_\_

\_\_\_\_\_

Date of last medical exam \_\_\_\_\_ Report \_\_\_\_\_

Current Prescription taking \_\_\_\_\_

Past Prescription(s) \_\_\_\_\_

Have you been diagnosed with any mental health condition? Yes \_\_\_\_ No \_\_\_\_; if yes list

all \_\_\_\_\_

Have you ever used illegal drugs? Yes \_\_\_\_ No \_\_\_\_; if yes, which drugs \_\_\_\_\_

Are you currently using illegal drugs? Yes \_\_\_ No \_\_\_ : If yes what \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ How often \_\_\_\_\_ Have you tried to quit? \_\_\_\_\_

Have you ever had a nervous breakdown or severe emotional upset? \_\_\_\_\_ If yes, explain

\_\_\_\_\_

Have you ever been abused (physically, sexually, etc.)? Yes \_\_\_\_\_, No \_\_\_\_\_; if yes explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever seen a psychologist or counselor? \_\_\_\_\_ If yes, when/and why \_\_\_\_\_

\_\_\_\_\_

Have you ever spent time in a psychiatric hospital or drug treatment center? Yes \_\_\_\_\_, No \_\_\_\_\_

If yes, where \_\_\_\_\_; when \_\_\_\_\_

If you have seen a counselor in the past regarding your current situation? If yes, then briefly explain the outcome \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Information**

Your Marital Status: In first marriage\_\_ In second marriage\_\_\_\_ In third marriage\_\_\_\_  
(check one) In fourth marriage\_\_\_\_ Engaged\_\_\_\_ Dating\_\_\_\_ Single\_\_\_\_  
Divorced\_\_\_\_ Separated\_\_\_\_ Widowed\_\_\_\_ Living together (unmarried)\_\_\_\_

Partner's Name \_\_\_\_\_ Age \_\_\_\_\_

Partner's Occupation \_\_\_\_\_ Position/Title \_\_\_\_\_

Highest Degree \_\_\_\_\_ Degree in \_\_\_\_\_

Date of Marriage \_\_\_\_\_ How long dated before marrying \_\_\_\_\_

Describe dating relationship \_\_\_\_\_

\_\_\_\_\_

Have either of you been married before? \_\_\_\_\_ Who \_\_\_\_\_  
Date Married \_\_\_\_\_ Date Divorced \_\_\_\_\_

Information about children

Child's Name	Age	Gender	Living with you	Stepchild	Adopted

Describe your relationship with your father \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your mother \_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your father and mother's relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What type of home were you raised in, check all that apply?**

- Traditional (Father, Mother, Children)
- Divorced; whom did you live with \_\_\_\_\_
- Step-Family; which parent remarried \_\_\_\_\_, who did you live with \_\_\_\_\_
- Other (describe here \_\_\_\_\_)
- Loving family, demonstrated with affection, words, hugs and kisses
- Loving family, but not demonstrated with affection, words, hugs and kisses
- Abusive (Physically\_\_\_\_, Verbally\_\_\_\_, Emotional\_\_\_\_, Sexually\_\_\_\_, Neglectful\_\_\_\_)

**Spiritual**

Explain your beliefs or position on spiritual matters:  
\_\_\_\_\_  
\_\_\_\_\_

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**Complete the open-ended questions below:**

I am most happy when \_\_\_\_\_

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I am afraid that \_\_\_\_\_

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The thing about my partner that bothers me most is \_\_\_\_\_

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The thing about me that upsets my partner the most is \_\_\_\_\_

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**Current Challenges:**

In your own words, describe your current condition. In other words why are you coming in for counseling?

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List below anything else to help me understand you

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Print Name \_\_\_\_\_

## **Self Assessment**

Circle all that currently describes you:

Introvert	extrovert	quiet	calm	sensitive
compassionate	submissive	domineering	argumentative	controlling
moody	mean	hardworker	patient	easily agitated
impatient	fearful	impulsive	nervous	unforgiveness
follower	leader	anxious	revengeful	easily hurt
easily give up	talkative	ambitious	past hurts	aggressive
angry	insecure	low self esteem	analytical	wounded from childhood
bossy	physically violent	selfish	open	tolerant
high self esteem	over achiever	intellectual	kind	spiritual
feel inferior	I want out	high sex drive	low sex drive	I'm ugly
always prepared	full of ideas	like order	little to say	soft heart
hard heart	I insult people	detailed	imaginative	quick to understand
start conversation	interested in people	change mood	I'm evil	comfortable with people

Others \_\_\_\_\_