



ADULT INTAKE FORM

Family Psychology Associates

Strengthening relationships...improving lives.

Date: _____

Name: _____ Age: _____ DOB: _____

Place of Birth: _____ Education: _____

Email: _____

Marital Status: Married _____ Separated _____
 Divorced _____ Widowed _____
 Single _____ Other _____

Date of Most Recent Marriage: _____ Date Divorced/Widowed: _____

Other Marriages: _____

Household Members:

Name	Age	Grade/Occupation	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Are you currently under a doctor's care? Yes _____ No _____

Who is your Primary Care Physician? _____

When was your last physical examination? _____

Other doctors involved in your care: _____

Current Health Problems or Symptoms: _____

Do you have any allergies or adverse reactions to particular drugs or substances?



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Medications you are currently using and why:

Medication	Dosage	Doctor Prescribing	Reason Prescribed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Past Treatments for Medical Problems, Accidents or Injuries: _____

Would you like your physician to be contacted by us or receive a copy of your treatment plan? Yes ____ No ____
 If so, please supply the physician's name, phone number, and/or fax number: _____

Current alcohol or drug use? _____
 Do you have any past history of problems related to alcohol or drug use? If so, please describe: _____

Have you been seen previously by a Psychologist, Psychiatrist or other Mental Health Professional? Yes ___ No ___
 Name of Clinician: _____
 Address and Phone # if known: _____

When? _____
 Reason for prior counseling? _____

Have you ever been hospitalized for treatment of emotional or substance abuse problems? Yes ____ No ____
 If so, when? _____

Do you have a past history of:
 Sexual Abuse _____ Physical Abuse _____
 Emotional Abuse _____ Other Trauma (specify) _____



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Do you have any history of, or current involvement in court proceedings? (i.e. divorce litigation, arrests or convictions for other than minor offenses) _____

Are there any spiritual or cultural issues that might affect your treatment? _____

Why are you seeking counseling at this time? _____

(This information will be held confidential and privileged)