



Adult Intake Form

Date: _____

Name: _____ Sex: ___ M ___ F

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Email address: _____

Better way to reach you? _____

Date of Birth: _____ Place of Birth: _____

Marital Status (check one): ___ Single ___ Engaged ___ Married ___ Separated ___ Divorced

___ Widowed ___ Living with someone ___ Remarried; How many times? _____

Height: _____ Weight: _____ Does your weight fluctuate? ___ Yes ___ No If yes, by how much? _____

Name of Family Physician: _____ Tel. number: _____

Current occupation (including part-time job): _____

Are you satisfied with your job? ___ Yes ___ No; Please explain: _____

Education: _____

If currently in school, grade placement and major: _____

I. REASON FOR REFERRAL:

Name of Referral Source: _____

What do you perceive the problem to be? _____

What would you like us to help you determine: _____

Why now? _____

Adult Intake Form, cont.

II. BACKGROUND INFORMATION

A. General background history

When did you move to Miami? _____

Places where you have lives, chronologically: _____

Languages spoken other than English: _____

What do you consider your main language? _____

B. Information about parents:

Mother's Education: _____

Profession: _____

Father's Education: _____

Profession: _____

Parents' marital status: _____

How do you get along with them? _____

If parent divorced or widowed:

Since when (how old were you)? _____

Relationship with non-custodial parent: (How did you get along with him/her?) _____

Who lives with you?

Relationship to you	Age	Gender	Since when?

C. Developmental History:

Pregnancy with you as a child: _____

Delivery and perinatal complications (at term, induced, C-section?): _____

Did your parents ever comment on how you were as a baby? _____

Adult Intake Form, cont.

Developmental Milestones: (comment on any problems)

1. Motor _____
 2. Language _____
 3. Other (e.g., toilet training) _____
-

D. Medical History:

1. Hospitalizations ? _____
2. Chronic illnesses (asthma, diabetes, allergies, etc.)? _____
3. Allergies _____
4. Ear infections (When? Frequency?): _____
5. Other illnesses: _____
6. Accidents: _____
When? _____
How did it happen? _____
Loss of consciousness? _____ For how long? _____

History of past and present medications (do not include regular antibiotics for colds, etc.)

Medicine	Indication	Dosage	Duration of Treatment	Side Effects

E. Family medical history: (Note: This is relevant only if parents' medical condition may affect you)

Adult Intake Form, cont.

F. Mental Health History

Previous psychotherapy/counseling? _____ If yes, complete information below:

Dates	Therapist/Agency	Reason for Treatment	Treatment effective?

Previous psychiatric treatment? _____ If yes, complete information below:

Dates	Reason for Treatment	Medications?	Treatment effective?

Have you ever been hospitalized for mental health reasons? _____ If yes, please explain: _____

Have you ever thought of committing suicide? _____ If yes, when? _____

Have you ever attempted to commit suicide? _____ If yes, when? _____

Have you ever received treatment for alcohol and/or drug use? _____

If yes, please specify date(s) and type(s) of treatment: _____

History of physical abuse? _____, if yes, when? _____

History of sexual abuse? _____, if yes, when? _____

G. Family psychiatric history: (depression, anyone who was "different" but never received formal diagnosis?) _____

H. History of family learning problems: _____

Adult Intake Form, cont.

Does anyone in your family have problems with attention or over-activity? _____

I. School Information

Schools attended in the past? _____

Why did you change school? _____

School problems? _____ If yes:

When did school problems start? _____

Who first noticed problems? _____

What kind of problems did you have (or are you having) in school? _____

What areas are the most difficult for you? _____

Did you have a difficult time learning to read? _____

What grades did/do you get? _____

Special placement in school? _____

Have you been evaluated in the past? _____

Reasons for evaluation: _____

Did/do you receive tutoring ? For what? For how long?: _____

Did it help or is it helping? _____

F. Social Life:

Do you have many friends? _____

What kind of activities does you enjoy? _____

Adult Intake Form, cont.

Additional information that could help me understand you better:

Do you have any questions for me?
