



**Elizabeth Psychology Group**  
 1501 E. 7<sup>th</sup> Street, Suite 7 • Charlotte, North Carolina 28204  
 ElizabethPsychologyGroup.com

## Adult Information Form

### General Information:

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male Female (please circle)

Name \_\_\_\_\_ Goes by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Who referred you? \_\_\_\_\_ May we thank them? \_\_\_\_\_

### Family Information:

Name of Spouse/Significant Other: \_\_\_\_\_

Please circle: Married Living Together Single Separated

Divorced

Widowed

Name(s) of children	Age	Sex	Living where?

Name of emergency contact \_\_\_\_\_ phone number \_\_\_\_\_

## Background Information

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**Description of Present Difficulties:**

Please briefly describe the problem(s) you want to talk about in counseling:

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Please circle any significant recent changes:

Death	Divorce	Marriage	Addition to Family
Change in Job	Abuse	Move	Health Problems

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**Problem Areas:**

Please rank the following, leave blank or mark "0" things not applicable:

Never = 0	Rarely = 1	Sometimes = 2	Frequently = 3	Almost always = 4
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Rank	Rank
1. I have difficulty getting along with others	23. I do not like myself.
2. I am easily fatigued.	24. I feel hopeless about the future.
3. I feel little interest in life.	25. I have disturbing thoughts.
4. I feel stressed at school/work.	26. I am annoyed by people who criticize my drinking.
5. I blame myself for things.	27. I have an upset stomach.
6. I feel irritated.	28. I am not working/studying as I used to.
7. I feel unhappy in my marriage/relationship.	29. I am dissatisfied with life.
8. I have thoughts of ending my life.	30. I have trouble at work due to drinking or drug use.
9. I feel weak.	31. I feel that something bad is going to happen.
10. I am fearful.	32. I feel afraid.
11. I drink in the morning.	33. I am afraid in open places, driving or in crowds.
12. I find my work/school unsatisfying.	34. I feel nervous.
13. I am unhappy.	35. I feel my love relationships are unsatisfying.
14. I work/study too much.	36. I have many disagreements at work/school.
15. I feel worthless.	37. I have difficulty handling my anger.
16. I am concerned about family troubles.	38. I feel that something is wrong with my mind.
17. I have an unfulfilling sex life.	37. I have trouble falling asleep or staying awake.
18. I feel lonely.	38. I have gained/lost weight.
19. I have frequent arguments.	39. I feel blue.
20. I feel unloved or unwanted.	40. I feel I may do something I regret.
21. I have difficulty enjoying my spare time.	41. I have headaches.
22. I have difficulty concentrating.	42. I have difficulty relaxing.

Have you been in counseling before? \_\_\_\_\_

What was main focus? \_\_\_\_\_

What was this experience like?

Please list any medications and dosage you are taking or have taken in past six months:

Do you exercise regularly? \_\_\_\_\_

How much sleep do you get on an average daily basis? \_\_\_\_\_

Have you been hospitalized? \_\_\_\_\_

**Legal Actions/Proceedings**

Please check all legal actions or proceedings you have been a part of:

\_\_\_\_\_ Arrests/assault \_\_\_\_\_ Arrests/other\* \_\_\_\_\_ DUI (how many? \_\_\_\_\_)

\_\_\_\_\_ Restraining/protective order(s) \_\_\_\_\_ Child Protective Services \_\_\_\_\_ Divorce/custody

\_\_\_\_\_ Disability claim(s) \_\_\_\_\_ Other (describe)

**Military History:**

Have you served in the military? \_\_\_\_\_

If yes, discharge status: \_\_\_\_\_