

ADULT INTAKE HISTORY FORM

CLIENT NAME: _____ DOB: _____

TODAY'S DATE: _____

REASON(S) FOR SEEKING COUNSELING:

COUNSELING HISTORY (AGE, COUNSELOR, TIME FRAME, POSITIVE?):

HOUSEHOLD COMPOSITION:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUALITY OF CURRENT FAMILY RELATIONSHIPS:

QUALITY OF CHILDHOOD RELATIONSHIPS:

PAST OR PRESENT TRAUMA OR ABUSE:

MARITAL HISTORY (CURRENT AND PAST) :

WHAT DO YOU LIKE ABOUT YOUR YOURSELF?

INTERESTS AND HOBBIES:

SUPPORT NETWORK:

RELIGIOUS/SPIRITUAL BELIEFS:

EDUCATIONAL HISTORY

CHILDHOOD LEARNING OR BEHAVIORAL ISSUES:

DEGREES: (COLLEGE, MAJOR):

WORK HISTORY (CURRENT AND PAST):

MEDICAL HISTORY

PRIMARY DOCTOR: _____ **PHONE#:** _____

MEDICATIONS(NAME,DOSAGE, SIDE EFFECTS):

MEDICAL CONDITIONS, INJURIES, HOSPITALIZATIONS?

ALLERGIES: _____

ALCOHOL AND DRUG USAGE, PAST AND PRESENT (TYPE, QUANTITY):

DIET AND EXERCISE HABITS:

PSYCHOLOGICAL HISTORY (DIAGNOSIS, MEDS, FAMILY HISTORY):

HEALTH AS A CHILD:

LEGAL ISSUES (PAST OR PRESENT):

FINANCIAL ISSUES (PAST OR PRESENT):

SUMMARY OF CURRENT STRESSORS/ISSUES:

COUNSELING GOALS:

1.

2.

3.

DIAGNOSIS:

DSM-V Diagnosis: Mental Disorders & Other Conditions That May Be a Focus of Clinical Attention
Supplemental: Medical Conditions and Diagnosis Relevant to Conceptualization
Supplemental: Psychosocial & Environmental Supports and Stressors Relevant to Conceptualization
Supplemental: Strengths, Distress, or Disability in Social, Occupational, or other Important Factors