

## ADULT INTAKE INFORMATION

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
                          Last                      First                      MI

Address: \_\_\_\_\_  
                  Street or PO Box                      City                      State                      Zip Code

Mailing Address (if different) \_\_\_\_\_  
  Street or PO Box                      City                      State                      Zip Code

Your Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Contact Information:**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Relationship Status:**

Married: \_\_\_\_\_ Date: \_\_\_\_\_

Divorced: \_\_\_\_\_ Date: \_\_\_\_\_

Separated: \_\_\_\_\_ Date: \_\_\_\_\_

Widowed: \_\_\_\_\_ Date: \_\_\_\_\_

Committed Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Never Married: \_\_\_\_\_

Are there any restrictions on calling or leaving a message? Yes \_\_\_\_\_ No \_\_\_\_\_

What restrictions? \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse/Partner's Home Phone (if different): ( ) \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Partner's Employment: \_\_\_\_\_ SS#: \_\_\_\_\_

Referred By?: \_\_\_\_\_

**PRESENTING PROBLEM(S)**

Briefly describe why you are here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want to accomplish as a result of your therapy here?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Continued on other side**

**ADULT INTAKE INFORMATION**

Others in Household: Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THERAPIST NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whom may we contact in case of an emergency?: Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EDUCATIONAL HISTORY:**

Presently enrolled in school? Yes \_\_\_ No \_\_\_ Highest grade completed? \_\_\_\_\_

**MILITARY HISTORY:**

Have you served in the armed forces? \_\_\_\_\_ Branch: \_\_\_\_\_

When: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THERAPIST NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_