Quarternote Counseling LLC

Adult Intake

Date:

Name:

Date of Birth:

Hand Dominance (Left or right-handed)

Ethnicity:

__ Hispanic/Latino

__ Non-Hispanic/Latino

__ Declined

Race

__ White

__ Black/African American

__ Hawaiian/Pacific Islander

__ American Indian/Alaskan Native

__ OTHER

__ Declined

Occupation (within or outside home)

If relevant, employer and position?

Are you happy at your current occupation/position?

Religious/Spiritual Information:

Do you consider yourself to be religious/spiritual/agnostic/atheist?

If religious/spiritual, what is your faith/spiritual orientation?

Did you immigrate to the US?

If yes, at what age and from what country?

Did you parents immigrate to the US?

If yes, at what age and from what country?

In what language are you most comfortable?

Marital Status:

Single

Married

Never Married

Separated

Divorced

Widowed

Partnered

(OPTIONAL) Sexual Orientation:

Heterosexual

Homosexual

Bi-Sexual

Transgendered

Do you have children? If yes, please list age(s) and gender

Educational Level: What is your highest level of education?

Are you in school/college/university/vocational training now?

Living Arrangement: (Who do you live with and their relationship to you)

Military history

Are you currently in the military?

If yes, please describe military background.

Are you a family member of an individual who has served in the military?

If yes, what is your relationship to that person(s)?

Violence

Have you experienced/witnessed violence within the home?

Have you experienced/witnessed violence outside of the home?

Primary Medical Provider Name and Contact Number

How would you describe your current health status (poor, unsatisfactory, satisfactory, good, very good, excellent)?

With whom did you live with until age 18?

Are you adopted?

Are you aware of any problems your biological mother experienced while pregnant with you or in giving birth to you?

Were you born prematurely?

As far as you know, did you walk/talk/toilet-train at the expected ages?

At what age did you start school?

Do you believe you have any learning disability?

Did your parents divorce?

If, yes, what age were you at time of divorce?

Did your parents ever re-marry?

If yes, what age were you when they re-married?

Do you have siblings?

If yes, how many and what are their ages?

Past Medical History (major illnesses or surgeries)

Mental Health History, including any previous psychotherapy.

Self Harm

History of suicidal thoughts or attempts

History of self injurious behavior

Medications (prescription, supplements, herbals, psychiatric medications, please list.)

Have you ever been prescribed psychiatric medication?

Allergies to medications, environmental, insects

Family History (including medical and mental health history)

How many hours of sleep a night do you average?

Do you feel rested?

Do you exercise? If yes, how often and what type(s)

Do you have a hobby? If yes, what is it?

In the last year have you experienced any significant life changes or stressors?

Has anything ever happened to you that caused you to have nightmares, intrusive upsetting thoughts that are hard to get out of your mind, flashbacks, high anxiety when you recall the event? You can just state yes or no.

Do you experience mood swings from depressed/sad to energetic/super happy?

Substance use:

Any use of alcohol or any drugs by class, age started.

If substance use became a problem, when did when did you become aware of the problem?

Current use pattern

Does the use of substances by anyone in your family cause you concern?

Mental Health:

Psychosis symptoms (hallucinations, voices, delusions)

Depression or depressive type symptoms

Anxiety

Sleep or appetite

Trauma history

Mood Lability

Euphoria

Racing Thoughts

Anger

Irritability

Aggression toward others (if yes: verbal, physical)

Financial stressors?

Legal problems?

Relationship problems?

Do you feel discriminated against/oppressed?

What characteristics do you like about yourself?

What characteristics about yourself would you like to change?

Circumstances that led you to seek treatment:

What are your goals for therapy?

Client signature_____

Therapist signature indicating document reviewed _____