Better Solutions Counseling Center

Adult Intake Form

Name: _____ Date: _____

Presenting Problem:

_____

_____

_____

Counseling History: Currently in counseling: ☐ Yes ☐ No Previously in counseling: ☐ Yes ☐ No

Purpose	Counselor	When	Duration	Outcome

If you saw a psychiatrist, was medication prescribed: ☐ Yes ☐ No

Drug Name:_____ Dosage: _____ How long taken:_____

Results? _____

Diagnosis:_____

Health History:

Type of examination	Date of most recent visit	Results
Physical examination		
Dental examination		
Vision examination		
Hearing examination		

Current prescribed medications	Dose	Dates	Purpose	Side effects/Problems

Current over-the-counter meds	Dose	Dates	Purpose	Side effects/Problems

Client name _____

Marital Status:

☐ Single

Are you living with a significant other? ☐ Yes ☐ No If yes, for how long? _____

Are you satisfied with your relationship? ☐ Yes ☐ No

If no, do you want to work on improving your relationship? ☐ Yes ☐ No

☐ Married

Is this your first marriage? ☐ Yes ☐ No If no, which marriage is it for you? __ 2 __ 3 __ 4 __5+

Are you and your spouse/significant other presently living together: ☐ Yes ☐ No

If not, why not? _____

How long have you and your present spouse been married? _____.

Have you and your spouse/significant other ever been separated? ☐ Yes ☐ No

Are you interested in working on your relationship? ☐ Yes ☐ No

☐ Divorced

When? _____ Do you still have past issues you would like to work on? ☐ Yes ☐ No

☐ Widowed

When? _____ Do you still have grieving issues you would like to work on? ☐ Yes ☐ No

If coming for Marital/Couple's Counseling, what is your main purpose in coming to therapy?

_____

Biological and Step Children (List both below and place a check where appropriate)

Child's Name	Age	Biological	Step	Adopted	Living	Deceased
_____	_____	☐	☐	☐	☐	☐
_____	_____	☐	☐	☐	☐	☐
_____	_____	☐	☐	☐	☐	☐
_____	_____	☐	☐	☐	☐	☐

Family of Origin History:

Father's Name _____ Father Living? Yes ☐ No ☐ If not, when did you lose him and how?

_____

Mother's Name _____ Mother Living? Yes ☐ No ☐ If not, when did you lose her and how?_____

Did you live with both parents as you were growing up? ☐ Yes ☐ No If no, please describe who raised you.

_____

Do you have any past family issues that still impact you today? ☐ Yes ☐ No If yes, do you want to explore those issues?

_____

How many children were in your family as you were growing up? ____ What birth order where you? ____

Siblings (List names, place checks next to correct response below and identify age)

Name	Biological	½ Sibling	Step Sibling	Age	Living	Deceased
_____	☐	☐	☐	_____	☐	☐
_____	☐	☐	☐	_____	☐	☐
_____	☐	☐	☐	_____	☐	☐
_____	☐	☐	☐	_____	☐	☐

Client name _____

As a child or youth, did you experienced any abuse? ☐ Yes ☐ No
If yes, was it: ☐ Physical? ☐ Sexual? ☐ Emotional ? ☐ Verbal?

Did your family have a lot of conflict while you were growing up? ☐ Yes ☐ No
If yes, was it: ☐ Between your parents? ☐ Between your Siblings? ☐ Both?
If yes what kind of conflict did your family exhibit?

_____

How were you disciplined as a child and which parent generally disciplined you?

_____

Describe your family strengths. What holds you together as a family?

_____

Emotional History:
In your life, have you ever had any experiences that were so frightening, or upsetting that others rarely go through (being attacked, sexually assaulted, raped, being in a fire, flood, or natural disaster, being in combat, being in a bad accident, being threatened with a weapon, or seeing someone badly injured, or killed)? ☐ Yes ☐ No If yes, please explain:

_____

_____

In the past 30 days, have you had: Nightmares ☐ Yes ☐ No Flashbacks ☐ Yes ☐ No
Moments when you were on guard, watchful, or easily startled? ☐ Yes ☐ No
Moments when you felt numb or detached from others, activities, or your surroundings? ☐ Yes ☐ No

Career / Educational History:
Employment Status: ☐ Full Time ☐ Part Time ☐ N/A If employed, length of employment _____

Employer: _____ Employers Address:

What is your current profession:

_____
How many years of experience have you had in your current profession: _____
Net Earnings $_____ per_____
☐ Completed High School / Year _____ Name of High School_____
☐ Completed GED / Year _____ Name of Program / Location _____
☐ Quit High School / No GED / Year Quit _____
Why Quite: _____ ☐ Went to a Technical School. ☐ Yes ☐ No
Completed Training? ☐ Yes ☐ No Major_____
If you have not completed how many credits have you earned? _____
What are your future plans?

_____

☐Went to College? ☐ Yes ☐ No
Completed College degree? ☐ Yes ☐ No Major _____
If you have not completed how many credits have you earned? _____
What are your future plans?

_____

Client name _____

While in K-12 education, did you have any problems? ☐ Yes ☐ No
If yes, did you experience problems with: ☐ Reading ☐ English ☐ Other _____
☐ Getting along with teachers ☐ Getting along with classmates ☐ Attendance ☐ Illness
☐ Family Issues ☐ Constant moving ☐ Suspended ☐ Expelled ☐ Special Education Classes

What career successes have you had?

_____

_____

What career goals do you have?

_____

_____

Substance abuse:
Have you ever tested positive in a random employee UA / drug screening test? ☐ Yes ☐ No
If yes, what were the consequences?

Military service:
Have you ever served in the Military? ☐ Yes ☐ No
If yes, where and for what Length of time?

_____

At Discharge, what was your rank? _____ Have you considered rejoining? ☐ Yes ☐ No

What type of discharge did you receive? ☐Honorable ☐Dishonorable ☐Medical

Religion:
Do you have a strong religious/spiritual faith? ☐ Yes ☐ No
☐ Protestant ☐ Catholic ☐ Jewish ☐ Islamic ☐ Hinduism ☐ Buddhism ☐ Taoism
☐ Confucianism ☐ Sikhism ☐ Shinto ☐ Other
If you indicated that your religion was "other" do you consider yourself to be religious or spiritual, but not aligned with any particular sect, organization, or denomination? ☐ Yes ☐ No