C&A COUNSELING

Adult Intake Information

Name: _____

Date of Birth: _____ Age:_____

Address: _____

City/State: _____ Zip Code: _____

Marital Status: _____

Spouse's Name (if applicable): _____

Phone (H): _____ (C):_____

Email address: _____

People living in the household (list name, relation, age, occupation):

_____

_____

_____

_____

Employer: _____

Occupation: _____

Length of current employment: _____

Highest degree completed in education: _____

Reason for referral or reason you are seeking treatment. Who referred you?

Recent significant events, changes or stressors in your life:

Previous therapy? When and did you find it helpful?

List any significant health problem, mental illness, or recent death of a family member

Are you currently taking any medications?

Do you currently use alcohol, tobacco or other non-prescription drugs? If yes, list how often and for how long you have used the substance.

Have you noticed any recent changes in your eating or sleeping patterns?

Do you currently have thoughts of hurting yourself or others? Have you ever had these thoughts? Please explain.

Please list any additional information you feel is important for your therapist to know.