

INTAKE INFORMATION

Name _____

Briefly state your reasons for seeking treatment at this time (use the back of this page, if needed): _____

FAMILY INFORMATION:

Current Marital Status:

___ single ___ married ___ separated ___ divorced ___ widowed

How many times have you been married? _____

If currently married, Name of spouse _____

Age of spouse _____ Occupation of spouse _____

MARITAL HISTORY:

First Marriage: How old were you when you first married? _____

How long have you been (or were you) married? _____

If divorced, how long have you been divorced? _____

Who initiated the divorce _____

Second Marriage: How long have you been (or were you) married? _____

If divorced, how long have you been divorced? _____

Who initiated the divorce _____

Third Marriage:How long have you been (or were you) married? _____

If divorced, how long have you been divorced? _____

Who initiated the divorce _____

CHILDREN:

Number of children and their ages: _____

Number of step-children and their ages: _____

FAMILY OF ORIGIN:

Father: ___ living ___ deceased

His age: _____ His age at death: _____ Your age at his death: _____

Three words to describe my father: _____, _____, _____

Mother:: ___ living ___ deceased

Her age: _____ Her age at death: _____ Your age at her death: _____

Three words to describe my mother: _____, _____, _____

Siblings: Number of full siblings and their ages _____

Number of step-siblings and their ages _____

Number of half-siblings and their ages _____

Do you remember being frightened of your father? ___yes ___no

Do you remember being frightened of your mother? ___yes ___no

Do you remember your mother being frightened of your father? ___yes ___no

Do you remember your father being frightened of your mother? ___yes ___no

Please give a brief description of your childhood (use the back of this page, if needed): _____

EDUCATION:

Please list your highest level of education (High School, Trade School, College, etc).

Current occupation _____ Years at present position _____

PAST TREATMENT HISTORY:

Have you ever been in therapy before? ___ Yes ___ No

Therapist(s) and approximate dates of treatment:

What was helpful about therapy?

What could have been more helpful?

Describe any trauma history _____

Describe any history of suicidal thoughts or attempts

Describe any history of eating disordered behavior

Have you every been hospitalized for mental health reasons? ___yes ___no

Please list dates, places and reasons for hospitalization:

Does anyone in your family have a history of emotional problems? ___yes ___no

Who has the difficulties and what was/is their problem?

Medical History:Illnesses or medical conditions:

Please list the medications you are taking and dosages (prescription and over the counter):

SUBSTANCE USE HISTORY:

Have you ever been treated for a substance abuse problem? ___yes ___no

Please list where you were treated and when: _____

Do you drink alcohol? ___yes ___no How often? _____

When you drink, what do you usually drink, and how much do you drink?

Do you use street drugs? ___yes ___no What kind and how often?

Do you smoke cigarettes? ___yes ___no. How much do you smoke?

Does anyone in your family have a history of substance abuse problems? ___yes ___no

Who has the difficulties and what was/is their problem? _____

MILITARY HISTORY:

Have you ever served in the military? ___yes ___no. What branch? _____

Dates of service: _____ Type of discharge: _____

Where were you stationed? _____

LEGAL HISTORY:

Check any that apply: divorce drinking or drug related arrest criminal
 automobile related protective services custody adoption personal
protection order other (describe) _____

Would you consider yourself, spouse, mother or father to be an alcoholic?

Self: yes no Spouse yes no Mother yes no Father yes no

Would you consider yourself, spouse, mother or father to be an drug addict?

Self: yes no Spouse yes no Mother yes no Father yes no

Have you ever been raped or sexually assaulted? yes no.

By whom, and when did this occur?

Have you ever had sexual contact with a relative? yes no.

With whom, and at what ages?

Were you abused as a child? yes no.

By whom, and at what ages?

Have you ever been abusive toward another adult or child? ___yes ___no.

Toward whom, and when?

Has anyone in your family ever attempted or committed suicide? ___yes ___no.

Who and when?

Are your parents divorced? ___yes ___no. How old were you when they divorced? _____

Please list your hobbies and activities:

What have you done to try to cope with your problems?

Please list the people in your life whom you consider to be supportive.

Thank you for taking the time to complete this form.