Attention, Behavior & Cognition
Counseling and Psychological Services, LLC.

**Adult Intake Questionnaire**

*Confidential and Privileged Information*

Please complete the following form to help us obtain important information and provide you with the best possible services.

**Identifying Information:**

Name: _____ Date: _____

Marital Status: _____ Gender: ☐ Male ☐Female

Current Age: _____ Date of Birth: _____ Race/Ethnicity: _____

Primary Care Physician's Name, Address and Phone Number:

_____

**Family Information:**

If applicable, please complete the following information:

Partner's Name: _____ DOB: _____

Highest educational level: _____

Partner's occupation/place of employment: _____

If you have children, please list their names and ages:

_____

_____

_____

_____

Who currently lives in your residence:

_____

_____

_____

_____

Please describe your relationships with parents and siblings:

_____

_____

_____
_____

**Presenting or Referral Problem:**

Please list up to three reasons or concerns that led you to seek help at this time?

1. _____
2. _____
3. _____

**History of Presenting or Referral Problem**:

At what age were these concerns first observed?

_____
_____
_____

Please describe any illness or injury that may have been associated with the problem:

_____
_____

Have you ever received treatment for this problem?

☐ Yes ☐ No

If yes, when, where, with whom and was it effective?

_____
_____
_____

Have you or your family ever participated in counseling or psychological services for any other concerns?

☐ Yes ☐ No

If yes, when, where, with whom and was it effective?

_____
_____
_____

Have you experienced any significant changes, events, or losses in your life?

☐ Yes ☐ No

If yes, please describe:

_____
_____
_____
_____

Please indicate any of the following areas of concern, past or present:

| | | |
|---|---|---|
| ☐ Anger Management | ☐ Anxiety/Excessive Worry | ☐ Depressed Mood/Sadness |
| ☐ Irritability | ☐ School Problems | ☐ School Refusal |
| ☐ Opposition/Defiance | ☐ Distractibility | ☐ Hyperactivity |
| ☐ Poor Concentration | ☐ Self-injurious Behavior | ☐ Suicidal Ideation |
| ☐ Impulsivity | ☐ Family Problems | ☐ Low Self-Esteem |
| ☐ Lying | ☐ Social/Relationship | ☐ Sleeping Problems |
| ☐ Medical/Physical | ☐ Body Image | ☐ Bullying/Teasing |
| ☐ Nightmares | ☐ Abuse/Neglect | ☐ Other: _____ |

Please use this space to further describe concerns:

_____
_____
_____
_____

**Medical History:**

Are you **CURRENTLY** receiving treatment for any medical condition?

☐ Yes ☐ No

If yes, please describe:

_____
_____
_____
_____

Please describe any **PRIOR** illness, operations, accidents or significant medical treatment:

_____
_____
_____
_____

Please list any allergies that you have:

_____
_____

List any medications you are **currently** taken (name of medication and dosage):

_____
_____
_____

List any medications you are have **previously** taken (name of medication and dosage):

_____
_____
_____

Please list any significant medical problems for anyone in the family.

_____
_____

Please list any family mental health history (Include immediate and extended family members).

_____
_____
_____

**Substance Use**:

Do you drink alcohol? ☐ Yes ☐ No

If yes: Age at first use: _____
How Much: _____
How Often: _____

Do you use any other drugs? ☐ Yes ☐ No

If yes: What drugs: _____
Age at first use: _____
How Much: _____
How Often: _____

Please describe any concerns you may have regarding your substance use:

_____
_____

**<u>Academic/Education History</u>:**

Highest grade level you have completed: _____
Degree obtained (if applicable): _____

Did you:

| | |
|---|---|
| Receive special education or additional support? | ☐ Yes ☐ No |
| Have an Individualized Education Plan (IEP)? | ☐ Yes ☐ No |
| Have a 504 Plan? | ☐ Yes ☐ No |

If yes, why did you have an IEP or 504 Plan?

_____
_____
_____

Have you ever?

| | |
|---|---|
| Completed psychoeducational testing? | ☐ Yes ☐ No |
| Repeated a grade? | ☐ Yes ☐ No |
| Been suspended or expelled? | ☐ Yes ☐ No |

If yes, please provide additional information (including dates, reason, reports, etc.):

_____
_____
_____
_____

What grades did you receive?

_____
_____
_____

What subject did you like most/least? _____

Feelings about school work (check all that apply):

☐ Anxious ☐ Passive ☐ Enthusiastic ☐ Tedious
☐ Fearful ☐ Bored ☐ Rebellious ☐ Other: _____

Approach to school work (check all that apply):

☐ Organized ☐ Self-directed ☐ Sloppy ☐ Industrious ☐ Refusal to complete work
☐ Disorganized ☐ Responsible ☐ Interested ☐ Avoidant ☐ Other: _____

How did teachers, parents, or others describe your behavior at school?

_____
_____
_____

Describe your relationships with teachers and peers:

_____
_____
_____

Were you involved in any extracurricular activities?

_____
_____
_____

**Employment:**

Are you currently employed? ☐ Yes ☐ No

If yes, employers name: _____
What type of work do you do: _____

Please describe any problems or concerns related to work:

_____
_____
_____
_____

**Social:**

Please check all that apply to your child:

☐ Others seek me out for friendship
☐ I seek others out for friendship
☐ I prefer to be alone
☐ Others seem get frustrated with me
☐ I tend to argue or fight with others
☐ I have a best friend.

Please describe any social concerns you may have:

_____
_____
_____

**Strengths:**

What are your strengths?

_____
_____

If applicable, what are your family's strengths?

_____

_____
_____

If applicable, what are your family's favorite activities?

_____
_____
_____

What do you do with unstructured time?

_____
_____
_____

Please use the space below to note anything else you feel we should know in helping us to better understand and help you. Feel free to add your own page if needed.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____