

Adult Intake Questionnaire

Name: _____

Date: _____

The following questionnaire is designed to help me get to know you. Please complete this form to the best of your ability. If you have any questions regarding the contents of this questionnaire or are not comfortable answering a particular question, please leave the item blank or ask for assistance. Please be aware that the information gathered in this questionnaire will help to efficiently create a *comprehensive and meaningful* treatment plan for you. Please feel free to use the back of each page if more room is needed to answer a particular question. *Thank you! I look forward to meeting you.*

***Note:** Please note that the information you share with me is confidential (private) unless I feel you're a risk of harm to yourself, someone else or someone is hurting you. In those cases, I will take the necessary steps to keep you and/or others safe.*

1. Please describe what brings you to therapy at this time.

2. How long have these issues been occurring?

**3. Have you previously sought treatment for these issues? If so, was the experience helpful?
Please describe.**

4. What do you hope to get out of therapy at this time?

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Background Information

Personal Background

I would describe myself as: _____

My strengths are: _____

My challenges are: _____

My cultural/ethnic background: _____

My religious/spiritual orientation: _____

My sexual orientation: _____

What is your gender? _____ Do you identify under the trans umbrella? yes no

Family Background

My immediate family members are: _____

I would describe my family as: _____

I would describe my childhood as: _____

My family's strengths are: _____

My family's challenges are: _____

My current relationship with my family is: _____

How did you join your family that you grew up in? Please circle what applies:

Natural Birth *Birth through use of Reproductive Technology* *Foster Care/Adoption*

If you currently have child(ren), how did they join your family? Please circle what applies:

Natural Birth *Birth through use of Reproductive Technology* *Foster Care/Adoption*

What are your child(ren)'s ages? _____

Education and Work History

Highest Education Received: _____

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If currently in school: School Attending: _____

Occupation: _____ Name of Employer: _____

If employed, how long have you been at your current job? _____

Are you experiencing any current difficulties with school and/or work performance? If yes, please explain:

Mental Health Background

Have you or anyone in your family received mental health services before? _____

If yes: Who received services? _____

Who provided these services? _____

For how long did you and/or your family members participate in mental health services? _____

What issue(s) was the focus of treatment at that time? _____

How would you describe the experience you and/or your family members have had with mental health services? (i.e., positive, helpful, not helpful)

Is a psychiatrist currently treating you or any of your family members? _____

If yes, please identify the person who is currently being treated, the reason for treatment, the psychiatrist name and the type (name is known) of medication:

Have you or anyone in your family ever been hospitalized for mental health reasons? _____

If yes, please identify who in your family has been hospitalized, the date(s), reason(s) and location(s):

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Family Medical Background

Have you or anyone in your family ever been diagnosed with a serious medical condition? Please describe:

Are you or anyone in your family currently experiencing any medical/physical symptoms that are related to a mental, emotional, or stress-related condition? Please describe:

Current or Past Family Stressors

Is there a history of mental illness in your family? Please describe:

Is there a history of addiction in your family? Please describe:

Is there a history of abuse or violence in your family? Please describe:
