ANTIOCH COUNSELING CENTER

Adult Intake Form **CONFIDENTIAL**

The following form, which will become part of your confidential record, will enable us to gain a quicker understanding of you. Please answer each question as completely and carefully as you can. You may use the back of any page for additional comments.

Name:_____Date of Birth_____Age____Sex____

Present Address:_____
Number *Street*

_____
City *County* *State* *Zip Code*

Phone:(_ _ _) __ __ __-__ __ __ __ e-mail_____ Social Security #:_____

Ethnicity:_____Years of Education:_____Referred By:_____

Marital Status: Single____ Married____(# of Years_____) Divorced_____ Separated____

Presently Living With: Parents____Spouse____Roommate____Alone____Other_____

Occupation:_____Total Hours/Week _____

Employed By:_____Phone:_____

Religious Affiliation:_____Church:_____

Are you a member? Yes____ No____ Active____ Inactive____

Family Member to Notify in Case of Emergency: Name: _____

Address:_____ Phone:_____

FAMILY MEMBERS

Relationship	Name	Age	Grade in School Last Completed	Occupation if Out of School
Spouse				
Father				
Mother				
Brother(s)				
Sister(s)				
Children				

Describe any physical problems you have that require medication or physical care:_____

_____

Are you currently receiving medical treatment? Yes_____ No_____

When did you last consult with your primary care physician?_____

Are you currently taking any prescribed medications? Yes_____ No_____ If yes, please list by name and dosage:_____

_____

Previous counseling/therapy Yes_____ No_____ If yes, when?_____

With whom? Name:_____ Address:_____

_____

Briefly describe the problem that prompted you to seek counseling at this time: _____

_____

_____

_____

_____

Have there been times when the problem got better or disappeared? Yes_____ No_____

If yes, when?_____

What do you think helped?_____

_____

_____

Were there times when the problem was especially bad? Yes_____ No_____

If yes, when?_____

What made it bad?_____

_____

_____

Are there other people who play a major role in causing your problems or in helping you cope with your problems? Yes_____ No_____

Explain briefly_____

_____

Is there anything else that you believe might be important for your counselor to know at this time?_____

_____

_____

_____

_____

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed. Please rate every item.

0	1	2	3	4	5	6	7	8	9	10
No Concern					Moderate Concern					Extreme Concern

_____ Anger
_____ Depression
_____ Education
_____ Eating Difficulties
_____ Fearfulness
_____ Nervousness
_____ Financial Problems
_____ Marital Problems
_____ Physical Problems
_____ Problems with Social Relationships
_____ Problems with Children
_____ Problems with Parents
_____ Religious/Spiritual Concerns
_____ Sexual Concerns
_____ Thoughts of Suicide
_____ Trouble Making Decisions
_____ Unhappy Most of the Time
_____ Use of Alcohol
_____ Use of Alcohol by Family Member
_____ Use of Other Drugs
_____ Work
_____ Worry
_____ Other (specify) _____
_____ _____

I have read the Antioch Counseling Center Informed Consent Form and voluntarily request counseling services at the Counseling Center in accord with terms described on the Informed Consent Form.

Signature _____ Date _____

For clients age 17 and under, the signature or his/her custodial parent or guardian is required.

Parent/Guardian _____ Date _____

PLEASE SUBMIT PAYMENT WITH THIS FORM PRIOR TO FIRST SESSION