

Intake Information Form-Adult

Name: _____ Date of Birth: _____ Age: _____ Today's Date _____

In order to assist the intake worker obtaining a thorough understanding of your current situation, please complete this intake packet by either filling in, circling items as appropriate.

Identifying information

I currently live in _____, Idaho for approximately _____ (months - years).

I am currently (employed - unemployed). If employed, I currently work at _____

I have worked at this company for _____ (months - years).

I am currently (single – married - separated - divorced.) The quality of my marital relationship is (good – fair - poor). The quality of my family relationship is (good – fair - poor).

I have been married (1 – 2 - 3) times.

I have (no – 1 – 2 – 3 - 4 or more) children.

Presenting problem

My current mental health concern is my _____. The severity of this current mental health concern is (mild – moderate – severe - disabling). Please list two observable symptoms of your current mental health concern, (for example, crying, poor appetite, intrusive thoughts) _____ and _____.

History of presenting problem

My current concern has been in evidence for (weeks – months - years). I (have - have not) addressed these mental health concerns with other mental health professionals. If yes-please list previous mental health professionals _____

Previous treatment was obtained in the (last year - a number of years ago - cannot remember).

Adequacy of Previous Treatment

My previous treatment, in my estimation proved to be (only marginally – minimally) effective.

Educational history

I (graduated - did not graduate from high school – College - earned a GED) in _____ (year).

My overall success academically was (below average – average - above average). I completed _____ years of education all together, including _____ years of college.

Employment history

Prior to my current employment, my previous employment was at _____ for _____ (months - years).

Family history

I (do not - do) have a family history of mental health related issues. In my family, there appears to be a history of (depression – anxiety - alcohol abuse - other psychiatric disorders) in the following family members (mother – father – siblings - maternal grandparents - paternal grandparents).

Abuse history

In the past I (have been - have not been) abused (physically – sexually – emotionally - neglected) by my (parents - other family members – partner - unknown stranger). This occurred during my (childhood – adolescence - adulthood).

Substance use

I currently smoke (yes - no)

I currently use alcohol (not at all – minimally – moderately - excessively).

I currently use prescription drugs (not at all – minimally – moderately - excessively).

Currently I am using (alcohol - prescription medications – marijuana – uppers – downers – crank – crack - IV substances) on a (daily – weekly - monthly) basis.

Medical history

I have significant medical difficulties with my (heart – stomach – cancer – pain - high blood pressure – diabetes - weight related issues – kidneys – lungs - allergies &/or _____). There has been a recent change in my (weight – appetite - sleep pattern).

Medication history

I am currently taking the following medications _____ for my medical condition.

For mental health issues, I am taking _____ (medication) for _____ (months) _____ (years) and the current dosage is _____. This medication has had (positive benefits - negative effects) as indicated by _____.

For mental health issues, I am taking _____ (medication) for _____ (months) _____ (years) and the current dosage is _____. This medication has had (positive benefits - negative effects) as indicated by _____.

For mental health issues, I am taking _____ (medication) for _____ (months) _____ (years) and the current dosage is _____. This medication has had (positive benefits - negative effects) as indicated by _____.

Psychiatric history (circle all those that apply)

I have a history of (depression – anxiety - hearing things that others say aren’t there - lots of thoughts coming at the same time - quick mood changes – changes in appetite - sleep related difficulties - energy related difficulties - wishing I was dead - psychiatric hospitalizations - flashbacks of bad things that had happened to me - repetitive thoughts - compulsive behavior - phobias - unusual perceptual experiences - disturbances of consciousness – seizures – blackouts – amnesia - repetitive behaviors to do something or to check something - sexual dysfunction - anger related issues - violent behavior - &/or _____).

Generally I am (outgoing - stay to myself - just like everyone else) when it comes to being sociable.

Baseline Measure

Using the following scale with 10 being high and zero being nothing ranked your level of the following: depression = _____, anxiety = _____, and irritability/anger = _____, pain = _____.

Thank you for taking the time to complete this medical background information.