

Nicole Taquino, LPC
Adult Intake Form

Date _____ Referral Source _____

Client Contact Information

Name _____ Social Security Number _____

Date of Birth _____ Age _____

Address _____

Street City/State Zip Code

Email address _____

_____ Home phone _____ Permission to leave message yes no

_____ Cell phone _____ Permission to leave message yes no

_____ Work phone _____ Permission to leave message yes no

Place of Employment

_____ Name City/State

Medical Information

Primary Care Physician _____ Gynecologist _____

Are you taking any medication at this time? If so, please list

Are you having difficulty with sleep? If so, please describe.

Have you experienced changes in your appetite or your eating habits? If so, please describe.

Are you currently under the care of a psychiatrist? If so, who and for how long?

Do you have any physical conditions which you would like the therapist to know?

Information Concerning You and Your Immediate Family

Your Marital Status _____

If married, spouse's name _____ Number of Years Married _____

Spouse's Age _____ Spouse's Place of Employment _____

If you are divorced, please list the names of previous spouse(s) and the number of years divorced.

Please list names and ages of your children:

Information Concerning You and Your Family Origin

Describe your relationship with your parents (step-parents, if applicable), both currently and in the past.

Past

Present

Mother

Father

Step mother

Step father

Please list your siblings and their ages:

Is there a history of drug or alcohol abuse in your family? If so, please describe.

Is there a history of sexual abuse in your family? If so, please describe.

Is there a history of physical abuse in your family? If so, please describe.

Some Questions About You

Briefly describe what brings you to counseling now.

Has anyone in your family had counseling before? If so, who and for what reason?

Who are the people in your life who mean the most to you?

What is important to you?

If you have a problem, who are you most likely to share it with?

With whom do you enjoy spending time?

What are your interests?

What are your plans for the future?

What accomplishment are you most proud of? _____

What are three words you would use to describe yourself?

Do you use alcohol or drugs? If so, please describe

Have you ever experienced sexual difficulties? If so, Please explain.

What community resources, if any, are members of your family using? (twelve step programs, WIC, Hope's Door, City House, etc.)?

What else would you like your therapist to know about you – or about what brings you to counseling today?
