



TAMMY JO VROOM, MSW  
LICENSED CLINICAL SOCIAL WORKER

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### Adult Counseling Intake Form

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  
Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternative #: \_\_\_\_\_  
Email: \_\_\_\_\_

**Physical and Mental Health History:** (Please be accurate, records may need to be disclosed at some point)

General Health: Excellent Good Fair Poor Don't Know Comments: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently under a physician's care of a psychiatrist? Yes No If yes, name of provider \_\_\_\_\_

Are you currently taking medication? Yes No List of medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_ Adverse reactions to Medications: \_\_\_\_\_

Ever hospitalized for physical illness? Yes No Describe: \_\_\_\_\_

Recent surgery or illness? Yes No Describe: \_\_\_\_\_

Ever hospitalized for mental illness? Yes No Describe: \_\_\_\_\_

Use of illegal drugs? Yes No Describe: \_\_\_\_\_

Use of alcohol? Yes No Describe: \_\_\_\_\_

Do you smoke? Yes No

Have you ever been or are you currently a victim of domestic violence? Yes No Describe: \_\_\_\_\_

Have you ever been a victim of sexual, physical or emotional abuse? Yes No Describe: \_\_\_\_\_

Have you ever been, or are you currently being abusive to your partner? Yes No Describe: \_\_\_\_\_

Have you ever attempted, or threatened to harm yourself? Yes No Describe: \_\_\_\_\_

Have you ever attempted, or threatened to harm anyone else? Yes No Describe: \_\_\_\_\_

Any legal issues? Yes No Describe: \_\_\_\_\_

Have you previously attended counseling/therapy? Yes No Describe: \_\_\_\_\_

**IF YES**

Name of Agency: \_\_\_\_\_ Counselor: \_\_\_\_\_ Dates seen: \_\_\_\_\_

**Employment/Education:**

Are you currently employed? Yes No If yes, where? \_\_\_\_\_

Are you currently in school? Yes No If yes, where? \_\_\_\_\_

If you are not employed or in school, please describe your situation: \_\_\_\_\_

**Other Information:**

Religious Preference (if any): \_\_\_\_\_

Activities/Clubs: \_\_\_\_\_

**Present Situation:**

Why did you decide to come for counseling/therapy? \_\_\_\_\_

How long has this been a problem for you? \_\_\_\_\_

What would you like to get from counseling/therapy? \_\_\_\_\_

\_\_\_\_\_

Are there any legal issues going on with your family? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Any additional information you would like to share? \_\_\_\_\_

\_\_\_\_\_

**Personal agreement/consent to treat**

I understand I may be asked to do certain “homework exercises” such as reading, changing behaviors and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counseling. I further understand that much of the work done will be to resolve issues and will depend on my honesty and willingness to do the things I need to do to move forward even if it is painful and difficult. I understand that whatever I say in the session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to others or myself. If I am a person under the age of 18, information may be given to my parents/guardian if necessary for my safety.

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

I understand that missing three (3) appointments, without calling (no show/ no call) will result in my termination from Tammy Jo Vroom Counseling, LLC