

To be completed by client. Please answer all questions. Use the back to explain any answers if necessary. You will have a chance to explain any answers during our intake session.

Adult Information Form

Name: _____ Today's date: _____

Nickname/Name you want to be called: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Age: _____ Gender: _____

Marital Status: _____ Partner's Name: _____

Is it OK to send confidential information to this e-mail address? Yes No

Living Arrangement

Alone With Partner Children Parents or other dependant adults

Partner's Name (If applicable): _____

Children(s)' Names (If applicable): _____

Where do you work/go to school? _____

Education - Highest Grade Completed _____

If you are currently employed, do you enjoy your job? Yes No

Religious Affiliation (If Applicable): _____

Did you participate in the decision to start counseling? Yes No

Previous History

Please describe what brings you to counseling at this time. _____

What do you hope to gain through counseling?

What have you already done to deal with the difficulties?

Have you had previous psychological counseling or psychiatric help?

Please check all that apply.

Individual counseling If yes, when and where?

Group Counseling If yes, when/where?

Hospitalization(s) If yes, when/where?

List any medications and dosages that pertain to your mental well-being:

List any significant health problems for which you have been treated in the past and then place a check by those problems for which you are currently being treated:

List any serious or chronic illness, operations, or traumatic accidents you have had:

Are you currently, or have you at any time within the last 12 months been under the care of a physician? Yes No

If so, for what condition? _____

What are your biggest strengths? _____

Do you exercise? Yes No. If yes, for how long and how many times per week? _____

Do you smoke? Yes No. If yes, what do you smoke? _____ **How often?** _____

Do you consume alcohol? Yes No **If yes, quantity per:** Day _____ Week _____

Do you take any non-prescribed (recreational) drugs? Yes No **If yes, what and how often?** _____

Interactions between client and counselor are confidential. Unless I have permission from you, what we talk about will be private; I will not discuss it with anyone else. Our discussion will be private and confidential, even if you don't mind your parents knowing about anything that we talk about

There are four major exceptions to confidentiality that Colorado law requires all mental health professionals to report when there exists:

1. Incidence(s) of child or elder abuse or neglect.
2. Intent to commit suicide.
3. Threats to do harm to yourself or another person.
4. Court order

Client's (signature) _____ **Date** _____

Counselor's (signature) _____ **Date** _____