



### Adult Intake Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Better way to reach you? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status (check one):  Single  Engaged  Married  Separated  Divorced

Widowed  Living with someone  Remarried; How many times? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Does your weight fluctuate?  Yes  No If yes, by how much? \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Tel. number: \_\_\_\_\_

Current occupation (including part-time job): \_\_\_\_\_

Are you satisfied with your job?  Yes  No; Please explain: \_\_\_\_\_

Education: \_\_\_\_\_

If currently in school, grade placement and major: \_\_\_\_\_

#### **I. REASON FOR REFERRAL:**

Name of Referral Source: \_\_\_\_\_

What do you perceive the problem to be? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like us to help you determine: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why now? \_\_\_\_\_

\_\_\_\_\_

**Adult Intake Form, cont.**

**II. BACKGROUND INFORMATION**

**A. General background history**

When did you move to Miami? \_\_\_\_\_

Places where you have lives, chronologically: \_\_\_\_\_

\_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

What do you consider your main language? \_\_\_\_\_

**B. Information about parents:**

Mother's Education: \_\_\_\_\_

Profession: \_\_\_\_\_

Father's Education: \_\_\_\_\_

Profession: \_\_\_\_\_

Parents' marital status: \_\_\_\_\_

How do you get along with them? \_\_\_\_\_

**If parent divorced or widowed:**

Since when (how old were you)? \_\_\_\_\_

Relationship with non-custodial parent: (How did you get along with him/her?) \_\_\_\_\_

\_\_\_\_\_

Who lives with you?

Relationship to you	Age	Gender	Since when?

**C. Developmental History:**

Pregnancy with you as a child: \_\_\_\_\_

Delivery and perinatal complications (at term, induced, C-section?): \_\_\_\_\_

Did your parents ever comment on how you were as a baby? \_\_\_\_\_

**Adult Intake Form, cont.**

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**Developmental Milestones:** (comment on any problems)

1. Motor \_\_\_\_\_
  2. Language \_\_\_\_\_
  3. Other (e.g., toilet training) \_\_\_\_\_
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**D. Medical History:**

1. Hospitalizations ? \_\_\_\_\_
2. Chronic illnesses (asthma, diabetes, allergies, etc.)? \_\_\_\_\_
3. Allergies \_\_\_\_\_
4. Ear infections (When? Frequency?): \_\_\_\_\_
5. Other illnesses: \_\_\_\_\_
6. Accidents: \_\_\_\_\_  
When? \_\_\_\_\_  
How did it happen? \_\_\_\_\_  
Loss of consciousness? \_\_\_\_\_ For how long? \_\_\_\_\_

**History of past and present medications** (do not include regular antibiotics for colds, etc.)

Medicine	Indication	Dosage	Duration of Treatment	Side Effects

**E. Family medical history:** (Note: This is relevant only if parents' medical condition may affect you)

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**Adult Intake Form, cont.**

**F. Mental Health History**

Previous psychotherapy/counseling? \_\_\_\_\_ If yes, complete information below:

Dates	Therapist/Agency	Reason for Treatment	Treatment effective?

Previous psychiatric treatment? \_\_\_\_\_ If yes, complete information below:

Dates	Reason for Treatment	Medications?	Treatment effective?

Have you ever been hospitalized for mental health reasons? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever thought of committing suicide? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever attempted to commit suicide? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever received treatment for alcohol and/or drug use? \_\_\_\_\_

If yes, please specify date(s) and type(s) of treatment: \_\_\_\_\_

History of physical abuse? \_\_\_\_\_, if yes, when? \_\_\_\_\_

History of sexual abuse? \_\_\_\_\_, if yes, when? \_\_\_\_\_

**G. Family psychiatric history:** (depression, anyone who was "different" but never received formal diagnosis?) \_\_\_\_\_

**H. History of family learning problems:** \_\_\_\_\_

**Adult Intake Form, cont.**

Does anyone in your family have problems with attention or over-activity? \_\_\_\_\_

\_\_\_\_\_

**I. School Information**

Schools attended in the past? \_\_\_\_\_

\_\_\_\_\_

Why did you change school? \_\_\_\_\_

\_\_\_\_\_

School problems? \_\_\_\_\_ If yes:

When did school problems start? \_\_\_\_\_

Who first noticed problems? \_\_\_\_\_

What kind of problems did you have (or are you having) in school? \_\_\_\_\_

\_\_\_\_\_

What areas are the most difficult for you? \_\_\_\_\_

\_\_\_\_\_

Did you have a difficult time learning to read? \_\_\_\_\_

What grades did/do you get? \_\_\_\_\_

Special placement in school? \_\_\_\_\_

Have you been evaluated in the past? \_\_\_\_\_

Reasons for evaluation: \_\_\_\_\_

\_\_\_\_\_

Did/do you receive tutoring ? For what? For how long?: \_\_\_\_\_

\_\_\_\_\_

Did it help or is it helping? \_\_\_\_\_

\_\_\_\_\_

**F. Social Life:**

Do you have many friends? \_\_\_\_\_

What kind of activities does you enjoy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Adult Intake Form, cont.**

**Additional information that could help me understand you better:**

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**Do you have any questions for me?**

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