

Today's Date: _____

Hope's Road Counseling Services

Adult Intake Form

PERSONAL Information:

Your Name _____ Birth Date _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Business Phone _____

Referred by: _____

Employer _____ Position _____ Length of time _____

Education (last yr. completed or degree) _____

Current Marital Status: Never Married ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed ___

In case of emergency contact _____ Relationship _____

Physicians Name _____ Phone _____

Marriage and Family Information:

Your Spouse/Partner _____ Birth Date _____

Occupation _____ Position _____ Length of time _____

Education (last yr. Completed or degree) _____

Date of Marriage _____

List your children:

Name _____ M/F Age: _____ Living ___ Deceased ___ Live with _____

Name _____ M/F Age: _____ Living ___ Deceased ___ Live with _____

Name _____ M/F Age: _____ Living ___ Deceased ___ Live with _____

Name _____ M/F Age: _____ Living ___ Deceased ___ Live with _____

If you or your spouse have been married previously or had children from previous relationships, please fill out the following information:

Information about you:

Former Spouse's first name _____ Death ____ Divorce ____

Married from Month/Yr. _____ To Month/Yr. _____

Children: _____ M/F Age: ____ Living with: _____ Deceased _____

_____ M/F Age: ____ Living with: _____ Deceased _____

_____ M/F Age: ____ Living with: _____ Deceased _____

Other important relationships: _____

Information about your Spouse:

Former Spouse's first name _____ Death ____ Divorce ____

Married from Month/Yr. _____ To Month/Yr. _____

Children: _____ M/F Age: ____ Living with: _____ Deceased _____

_____ M/F Age: ____ Living with: _____ Deceased _____

_____ M/F Age: ____ Living with: _____ Deceased _____

Other important relationships: _____

Health:

Describe your health _____

Do you have any chronic conditions _____

Current medications and dosage _____

Do you drink alcoholic beverages _____ If so, how frequently and how much _____

Do you currently or have you in the past used drugs other than for medical purposes? _____

Have you ever had a **severe** emotional upset _____ If yes, please explain _____

Have you ever seen a psychiatrist or counselor _____ If yes, please explain _____

Name of previous Counselor _____

Spouse's Health (if applicable):

Describe his/her health _____

Does he/she have any chronic conditions _____ What _____

Current medications and dosage _____

Does he/she drink alcoholic beverages _____ If so, how frequently and how much _____

Does he/she currently or have you in the past used drugs other than for medical purposes? _____

Has he/she ever had a **severe** emotional upset _____ If yes, please explain _____

Has he/she ever seen a psychiatrist or counselor _____ If yes, please explain _____

Name of Previous Counselor _____

Emotional Health:

CIRCLE any of the following words which best describe you now:

Active Ambitious Anxious Calm Easy-going Excitable Extrovert Fearful

Good-natured Hard-boiled Hardworking Imaginative Impatient Impulsive Introvert

Kindly Leader Likeable Lonely Moody Nervous Often-blue Persistent Quiet Regimented

Self-confident Self-conscious Sensitive Serious Shy Spiritual Submissive

Briefly answer the following questions:

What brings you to counseling?

What have you already tried to do about this?

What are your expectations from counseling?

Is there any other information that is important to know?