

Today's Date: _____

**Hope's Road Counseling Services
Adult Intake Form**

PERSONAL Information:

Your Name _____ Birth Date _____

Address _____

Home Phone _____ Cell Phone _____ Business Phone _____

Referred by:

Employer _____ Position _____

Education (last yr. completed or degree) _____

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

In case of emergency contact _____

Relationship to you _____

Physician's Name _____ Phone _____

Marriage and Family Information:

Your Spouse/Partner _____ Birth Date _____

Occupation _____ Position _____

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. Otherwise, leave blank:

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 _____

Name of previous Counselor or Psychiatrist

Emotional Health:

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

Active Ambitious Angry Anxious Ashamed Calm Easy-going Excitable Extrovert Fearful

Good-natured Hardworking Imaginative Impatient Impulsive Introvert

Kind Leader Likeable Lonely Moody Nervous Persistent People-pleasing

Quiet Routine-Oriented Sad Self-confident Self-conscious Sensitive Serious

Short-Tempered Shy Spiritual Submissive Unsure

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?