PsychSanDiego

Adult Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer."

DATE:_____ **REFERRED BY: _____**

NAME: _____
Last First Middle

DATE OF BIRTH/PLACE: _____

ADDRESS: _____

_____

TELEPHONE: H ( ): _____Cell ( ): _____ Wk ( ): _____
Please mark your preferred contact number

E-mail: _____
Please do not indicate an e-mail address if you do not wish to be contacted by e-mail
We periodically send

☐ **Please check this box if you do not wish to periodically receive newsletters or information about groups and services we provide. You can always easily opt out at a future point as well.**

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you.):

_____

_____

_____

_____

_____

Estimate the severity of above problem: Mild Moderate Severe Very Severe

HIGHEST GRADE: _____ TYPE OF DEGREE: _____

WORK HISOTRY (former if retired): _____

_____

CURRENT MARITAL STATUS: _____ If in a relationship how long?_____

MARITAL HISTORY (engagements, marriages, divorces, widowhood): _____

_____

_____

PERSONS LIVING AT HOME WITH YOU: _____

_____ _____

_____ _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

1._____

2._____

3._____

4._____

5._____

PARENTS/STEP-PARENTS (Name/age or year of death/cause of death, occupation, personality, 3 words that describe them):

Father:_____

_____

_____

Mother:_____

_____

_____

Step-parents_____

_____

_____

SIBLINGS (name/age, if dead: age and cause of death & brief statement about the relationship):

1._____

2._____

3._____

4._____

5._____

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

_____

_____

_____

_____

What gives you the most joy or pleasure in your life?

_____

_____

What are your main worries and fears?

_____

_____

What are your most important hopes or dreams?

_____

_____

MEDICAL DOCTOR/S (name /phone): _____

_____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):
Current medical issues:

_____

_____

_____

Past medical issues and surgeries:

_____

_____

_____

Current medications (doses and reasons for taking them):

_____

_____

_____

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc)**:**

_____

_____

_____

FAMILY HISTORY OF PSYCHIATRIC ISSUES

☐ Mood d/o	☐ Anxiety	☐ Substance Abuse	☐ Psychotic d/o
☐ Developmental d/o	☐ Domestic Violence	☐ Physical abuse	☐ Sexual Abuse
☐ Trauma	☐ Chaos/Instability	☐ Abandonment	☐ Other

_____

__

_____

_____

_____

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments)**:**

_____

_____

SUICIDE ATTEMPT/S or **VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc)

_____

_____

FRIENDSHIPS, COMMUNITY & SPIRITUALITY (Describe quality, frequency, activities, etc.):

_____

_____

PAST/PRESENT PSYCHOTHERAPY or HOSPITALIZATIONS (specify: month year/s (beginning/end), estimated no. sessions, name, degree, reason for therapy, Indiv/Couple/Family)**:**

1. _____

_____

_____

2. _____

_____

_____

3. USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS

CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain): _____

_____