



RiverLife Wellness Center

ADULT COUNSELING INTAKE FORM

Confidential

Please Print Clearly

Name: _____ Birthdate: _____ Gender: M / F

Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____ Cell: _____

E-mail: _____ Calls or e-mail will be discreet, but please indicate any restrictions: _____

Emergency contact: _____ Relationship to you: _____ Phone(s): _____

List the persons with whom you are now living, their ages and their relationship to you:

Occupation: _____ Education level: _____

Employer: _____ Length of employment: _____ Work phone: _____

Were/are you a member of the armed services? _____ If so, when? _____ What branch? _____

Spouse's name _____ Birthdate: _____

Spouse's occupation: _____ Education level: _____

Spouse's employer: _____ Length of employment: _____

Physical Health

Current health status (circle one): Excellent Good Fair Poor Date of last physical exam: _____

Primary Care Physician: _____ Phone: _____

What serious illnesses have you had and when? _____

Hospitalizations (reason/diagnosis/dates): _____

Describe any current physical problems/illnesses: _____

List all medications you are taking and their purpose (include nonprescription medicine like supplements, vitamins, etc.):

MEDICATION	PURPOSE	DOSAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Prescribed by: _____ If applicable, may we contact your physician in order to coordinate care? YES NO

List any current or past history of alcohol and/or drug misuse for you and/or any family _____

List any current or past history of any nervous and/or mental disorder for you and/or any family member: _____

Problem Information

Have you been to counseling before? _____ When? _____

If so, briefly state your experience: _____

Current Strengths and Stressors (please describe how the following are strengths or stressors for you)

Marriage/home:	Strengths	_____
	Stressors	_____
Children/parents:	Strengths	_____
	Stressors	_____
Work/school:	Strengths	_____
	Stressors	_____
Financial:	Strengths	_____
	Stressors	_____
Social:	Strengths	_____
	Stressors	_____
Spiritual:	Strengths	_____
	Stressors	_____
Sexual:	Strengths	_____
	Stressors	_____

When was your last vacation? _____ Briefly describe it: _____

In what way was it restful and restoring for you ? _____

What are your hobbies and interests? _____

Family Background

Father's name: _____ If deceased, date and cause: _____

Age: _____ Occupation: _____ Education level: _____ Health: _____

Describe his personality, attitude towards and relationship with you, past and present: _____

Mother's name: _____ If deceased, date and cause: _____

Age: _____ Occupation: _____ Education level: _____ Health: _____

Describe her personality, attitude towards and relationship with you, past and present: _____

Parents' marital status: _____ Briefly describe your parents' marriage: _____

How did they handle conflict in their relationship? _____

If divorced, when did it occur and what was your reaction to it? _____

Family Background (con't.)

If one or both of your parents remarried, when did it occur and what was your reaction to it? _____

Step-father's

name: _____ Age: _____ Occupation: _____

Describe his personality, attitude and relationship with you, past and present: _____

Step-mother's

name: _____ Age: _____ Occupation: _____

Describe her personality, attitude and relationship with you, past and present: _____

If you were not brought up by your parents, who raised you? _____

Between what years? _____ Who took care of you as an infant? _____

How were you disciplined as a child and by whom? _____

Siblings (list names, ages, marital status, occupation and place of residence):

Give your impression of the home atmosphere in which you grew up, including how people got along:

How was love expressed in your parents' home _____

How was anger expressed in your parents' home? _____

What was their attitude towards sex and was there any teaching about it? _____

Were you or your siblings ever physically and/or sexually abused, assaulted or neglected? _____

Marital History

Marital status: _____ How long did you know your spouse before engagement? _____ Length of engagement: _____

Date of current marriage: _____ List names and ages of children/stepchildren, from oldest to youngest and indicate which (if any) are from a previous relationship:

Oldest: #1 _____
#2 _____
#3 _____
#4 _____
#5 _____
Youngest: #6 _____

Describe your relationship with your in-laws: _____

Religious/Spiritual Identification

Describe the religious teaching you received growing up and how God was viewed by your family? _____

How important are spiritual concerns to your life? _____

How would you describe your current spiritual life? _____

Denominational affiliation (if any) _____

Symptom Checklist (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I am dissatisfied with my life and want a change. | <input type="checkbox"/> I am dissatisfied with my body. |
| <input type="checkbox"/> I am satisfied with my life and do not want a change. | <input type="checkbox"/> I am satisfied with my body. |
| <input type="checkbox"/> I am dissatisfied with the current state of my family life. | <input type="checkbox"/> I am dissatisfied with my interpersonal relationships in general. |
| <input type="checkbox"/> I am satisfied with the current state of my family life. | <input type="checkbox"/> I am satisfied with my interpersonal relationships in general. |
| <input type="checkbox"/> I am dissatisfied in my relationship with my spouse or significant other. | <input type="checkbox"/> In the past few years I have not thought about how I could end my life. |
| <input type="checkbox"/> I am satisfied with my relationship with my spouse or significant other. | <input type="checkbox"/> In the past few years I have thought about how I could end my life. |
| <input type="checkbox"/> I am dissatisfied with, confused about or have questions regarding the sexual part of my life. | |
| <input type="checkbox"/> I am satisfied with and do not have questions about the sexual part of my life. | |

Symptom Checklist (continued)

I have recently experienced:

- | | | | |
|-----------------------------------|-------------------------|-------------------------|--|
| ___ moodiness | ___ change in sex drive | ___ resentment | ___ mental confusion or disorientation |
| ___ unusual anger or irritability | ___ change of appetite | ___ stomach trouble | ___ decreased energy or motivation |
| ___ anxious feelings | ___ unusual fatigue | ___ bowel disturbances | ___ feelings of helplessness |
| ___ inability to relax | ___ difficulty sleeping | ___ racing thoughts | ___ feelings of sadness, loss or grief |
| ___ loneliness | ___ nightmares | ___ apathy/hopelessness | ___ inferiority feelings |
| ___ discouragement | ___ intense frustration | | |

In the last few months in order to try to feel better about my life, I have done the following:

- | | | |
|------------------------------|--|---|
| ___ binge eating | ___ ignored my normal responsibilities | ___ worked more than usual |
| ___ drank alcohol | ___ refused to get out of bed or do normal hygiene | ___ used pornography or erotic material |
| ___ used illegal drugs | ___ isolated myself from people | ___ acted sexually in an unusual way for me |
| ___ misused prescribed drugs | ___ constantly surrounded myself with people | ___ harmed myself by cutting, burning, etc. |

In my lifetime I have experienced:

- | | | |
|-------------------------------|---|---|
| ___ the loss of a loved one | ___ an abortion | ___ abandonment by important people to me |
| ___ a traumatic event | ___ divorce of my parents | ___ exploitation by important people to me |
| ___ sexual abuse or assault | ___ divorce of my own | ___ being unloved by important people to me |
| ___ physical abuse or assault | ___ the loss of someone by suicide | ___ being fired from a job |
| ___ mental or verbal abuse | ___ an addictive habit | ___ something else significant to me _____ |
| ___ the death of a child | ___ living with someone who was/is addicted | _____ |

Motivation for Change

- | 1 | 2 | 3 | 4 | 5 |
|-----------------------|---------------------------------|-----------------------------------|------------------------|----------------------------------|
| I do not want change. | I am somewhat ready for change. | I am moderately ready for change. | I am ready for change. | I am extremely ready for change. |

Form completed by: _____ Date: _____