

HORIZON COUNSELING & CONSULTING, LLC

Adult Intake Form

CONFIDENTIAL

The following form, which will become a part of your confidential record, will enable us to gain a quicker understanding of you. Please answer each question as completely and carefully as you can. You may use the back of any page for additional comments.

Name: _____ Date of Birth _____ Age _____ Sex _____

Present Address _____
Number Street

_____ *City County State Zip Code*

Phone: (____) _____ - _____ e-mail _____

Ethnicity _____ Years of Education _____ Referred by: _____

Marital Status: Single _____ Married _____ (# of Years _____) Divorced _____ Separated _____

Presently Living With: Parents _____ Spouse _____ Roommate _____ Alone _____ Other _____

Occupation _____ Total Hours/Week _____

Employed by _____ Phone _____

Religious Affiliation _____ Church _____

Are you a member? Yes _____ No _____ Active _____ Inactive _____

Family member to notify in case of emergency: Name: _____

Address: _____ Phone: _____

FAMILY MEMBERS

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Grade in School Last Completed</u>	<u>Occupation if Out of School</u>
Spouse	_____	_____	_____	_____
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____
	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____
	_____	_____	_____	_____
Children	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Describe any physical problems you have that require medication or physical care: _____

Are you currently receiving medical treatment? Yes _____ No _____

When did you last consult with your primary care physician? _____

Are you currently taking any prescription medications? Yes _____ No _____ If yes, please list by name and dosage: _____

Previous Counseling/Therapy Yes _____ No _____ If yes, when? _____

With whom? Name _____ Address: _____

Briefly describe the problem which prompted you to seek counseling now: _____

Have there been times when the problem got better or disappeared? Yes _____ No _____

If yes, when? _____

What do you think helped? _____

Were there times when the problems were especially bad? Yes _____ No _____

If yes, when? _____

What made it bad? _____

Are there other people who play a major role in causing your problems Yes _____ No _____ or in helping you cope with your problems? Yes _____ No _____

Explain briefly: _____

Is there anything else that you believe might be important for your counselor to know at this time? _____

Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate every item.

0	1	2	3	4	5	6	7	8	9	10
No Concern					Moderate Concern			Extreme Concern		

- | | |
|--|---|
| _____ Anger | _____ Religious/Spiritual Concern |
| _____ Anxiety | _____ Sexual Concerns |
| _____ Depression | _____ Thoughts of suicide |
| _____ Education | _____ Trouble making decisions |
| _____ Eating difficulties | _____ Unhappy most of the time |
| _____ Fearfulness | _____ Use of alcohol |
| _____ Nervousness | _____ Use of alcohol by family member |
| _____ Financial problems | _____ Use of other drugs |
| _____ Marital problems | _____ Use of other drugs by family member |
| _____ Physical problems | _____ Work |
| _____ Problems with social relationships | _____ Worry |
| _____ Problems with children | _____ Other (specify) _____ |
| _____ Problems with parents | |

A survey may be mailed to you upon the completion of your counseling experience at the center. Please indicate your preference in the appropriate box below.

You may send the survey. **Do not send the survey** .

I have read the Horizon Counseling & Consulting information sheet and voluntarily request counseling services at the Horizon Counseling & Consulting in accord with terms described on the information sheet.

Signature _____ Date _____

For clients age 17 and under, the signature of his/her guardian or custodial parent is required.

Parent/Guardian _____ Date _____

PLEASE SUBMIT PAYMENT WITH THIS FORM PRIOR TO FIRST SESSION