

HOPE COUNSELING CENTER

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 _____

Race _____ Years of Education _____ Referred by: _____

Marital Status: Single _____ Married _____ (# of Years _____ Months _____) 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

PLEASE COMPLETE THE FOLLOWING SENTENCES:

1. The most important thing to me is

2. I worry about

3. What I do best is

4. I have sometimes felt guilty about

5. What makes me angry is

6. My biggest mistakes were

7. My job

8. What makes me nervous is

9. My personality would be better if

10. I often felt that mother

11. Jesus Christ is

12. My temper

13. My childhood

14. Prayer is

15. My biggest disappointment

16. To me, sex is

17. I would be better liked if

18. I often felt that father

19. God to me is

20. My children (child) (brothers and sisters)

21. Women are

22. What hurts me most is

23. My biggest problem in life is

24. Men are