



Intake Form for Adults

Name: _____
(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____

Address: _____
(Street and Number)

(City) (State) (Zip)

Cell Phone: (____) _____ May we leave a message? _____

Home/other Phone: (____) _____ May we leave a message? _____

Email: _____ May we email you? _____

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Emergency Contact: (This person will only be contacted if you have a medical/legal emergency while you are here.)

_Name: _____ Phone: _____

Relationship History/Status (check all that apply):

- Never Married Domestic Partnership Married Dating ___ years
 Separated Divorced ___ (times) Widow/Widower Single

Please list any children/ages:

How did you hear about us:

- Friend Other: _____
 Family Member
 Google or other online service
 Insurance Company

Have you previously received any type of mental health services (psychotherapy, marriage counseling, psychiatric services, etc.)?

- No
- Yes, previous therapist/practitioner and approximate dates (e.g., Dr. Smith, 2005):

Are you currently taking any prescription medication (including pain medication)?

- No
- Yes, please list:

Have you previously been prescribed psychiatric medication that you no longer take?

- No
- Yes, please list and provide dates (e.g. Celexa, 1999)

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

1. How would you rate your current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific sleep problems you are currently experiencing:

3. How many times per week do you generally exercise? _____

In what types of exercise do you participate?

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4. Please list any difficulties you experience with your appetite or eating patterns.

5. Are you currently experiencing overwhelming sadness, grief, or depression?

- No
- Yes

If yes, for approximately how long? _____

6. Are you currently experiencing anxiety, panic attacks, or have any phobias?

- No
- Yes

If yes, when did you begin experiencing this? _____

7. Are you currently experiencing any chronic pain?

- No
- Yes

If yes, please describe: _____

8. Please describe your use of alcohol:

- Never drink at all Monthly A few times per week
- A few times a year Weekends Daily
- I am in recovery and have been sober for ___ year (s)
- I am an active alcoholic

9. Please describe your relationship with recreational drugs:

I currently use (list): _____ I used to use (list): _____

- Daily Daily
- Weekly Weekly
- Monthly Monthly
- Infrequently Infrequently
- Never

10. Are you currently in a relationship?

- No
- Yes

If yes, for how long? _____

On a scale of 1 (poor)-10 (great), how would you rate your relationship?

11. What would it take for your relationship to get better?

12. What significant life changes or stressful events have you experienced recently?

FAMILY MENTAL HEALTH INFORMATION

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	Yes / No	
Anxiety	Yes / No	
Depression	Yes / No	
Domestic Violence	Yes / No	
Eating Disorders	Yes / No	
Obesity	Yes / No	
Obsessive Compulsive Behavior	Yes / No	
Schizophrenia	Yes / No	
Suicide Attempts	Yes / No	

Were you abused as a child?

If yes, circle all that apply:

- No
- Yes

Emotionally Physically Sexually Verbally

If you are comfortable writing about the abuse, please share whatever you would like to share about it (by whom, when did it occur, for how long, etc.):

ADDITIONAL INFORMATION

1. Are you currently employed?

- No
- Yes

If yes, what is your job title; what do you do?

Do you enjoy your work? Is there anything stressful about your current work?

2. Are you currently involved in any active legal cases (traffic, civil, criminal, custodial)?

- No
- Yes

If you are currently involved in an active legal matter, please describe the nature of the case and indicate any upcoming hearing/trial dates and charges:

3. Are you presently on probation or parole?

- No
- Yes If yes, please describe: _____

4. Have you ever been convicted of a crime (including DUI or DWI)?
- No
 - Yes. If yes, please describe: _____

5. Do you consider yourself to be spiritual or religious?
- No
 - Yes

If yes, describe your faith or belief.

6. What do you consider to be some of your strengths?

7. What do you consider to be some of your limitations?

8. What would you like to accomplish out of your time in counseling?

9. Please write anything else that you would like the counselor to know about you.

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