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ADULT INTAKE FORM

In order to provide adequate services to you, your thoughtful completion of the items below will be most helpful.

Name: _____ **Date:** _____

Birth date: _____ **Age:** _____

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **e-mail:** _____

Place of employment: _____ **Work phone:** _____

Employment address: _____

City: _____ **State:** _____ **Zip:** _____

Occupation: _____ **Years at current job:** _____

Years of Education: _____ **Highest degree:** _____

Spouse's work phone: _____ **Spouse's cell phone:** _____

Who referred you here? _____

How did you find out about our services? Check all that apply:

____ **internet search** ____ **referred by Dr:** _____

____ **neighborhood directory** ____ **referred by attorney:** _____

____ yellow pages **____ referred by former patient:_____**

____ other (explain below) **____ referred by the Georgia Psychological Association**

_____

_____

REFERRAL INFORMATION

Please briefly describe the circumstances that bring you here at this time: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MENTAL HEALTH HISTORY AND STATUS

Have you previously seen a psychologist, psychiatrist, or other mental health care professional?

□ Yes □ No If so, please give name(s) and date(s): _____

_____

Have you or any member of your family, ever been treated or hospitalized for emotional problems? If so, please give date(s) and reason(s) for hospitalization(s). _____

_____

_____

Have you ever been arrested? If so, give date(s) and type(s) of offense? _____

_____

_____

Are you currently involved in ANY legal proceedings? _____ no, _____ yes. If yes, please explain:_____

Do you expect to be in ANY legal proceedings in the future? _____ no, _____ yes.

If yes, please explain:_____

MEDICAL HISTORY

I consider my health to be:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Date of last physical exam: _____

Physician's name and address: _____

Medical conditions (for example: asthma, ulcers, hypertension, diabetes, heart disease, cancer, etc.)

Hospitalizations (Give reason and year): _____

DRUG HISTORY

List any prescription medications you are currently taking:

Medication	Reason placed on medication	Dosage	Length of time on medication	Prescribing physician

List any recreational drugs (including alcohol) you are currently using or have used in the past:

Do you find that you are able to stop drinking or using drugs after having a moderate amount? ☐ Yes ☐ No

Have you ever tried to quit drinking or using drugs? How? What happened? _____

Have you or any member of your family ever been treated or hospitalized for drug/alcohol abuse?

☐ Yes ☐ No If so, please indicate when and where. _____

Signature of Person Completing Form: _____ **Date:** _____

Submit Form