

Adult & Adolescent Intake Interview Level 1 Form



CLIENT INFORMATION

First Name	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of Birth (MM/DD/YYYY)	Age
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text"/>	<input type="text"/>
Address:		Phone
<input type="text"/>		<input type="text"/>
Referrer's Name		Relationship
<input type="text"/>		<input type="text"/>
Reason for Referral:		
<input type="text"/>		

PERSONAL HISTORY

Following are questions regarding your personal history. The purpose of this form is to gather initial background information in order to save time in your first session. Please feel free to skip questions that do not apply to your particular situation or that you are not comfortable answering. Please note that the more information you share, the more complete picture your counselor will have of your situation. You will have an opportunity in your first session to provide more details and ask questions about this form.

Have you ever attended Counseling/Therapy Before? ☐ Yes ☐ No If so, with whom?

Details (When, How Long, etc.):

Are you a current patient of a Psychiatrist? ☐ Yes ☐ No If so, Who?

Have you ever attempted suicide or had a plan to harm yourself? ☐ Yes ☐ No If so, When?

Details:

Do you currently have any thoughts and/or feelings of wanting to physically harm yourself? ☐ Yes ☐ No

If so, please explain:

Have you, in the past, or are you currently under treatment for substance abuse? ☐ Past ☐ Current ☐ N/A

If so, please explain:

Are you a survivor of any of the following forms of abuse? ☐ Emotional ☐ Physical ☐ Sexual

If so, please explain:

Have you ever received a formal diagnosis from a mental health professional? ☐ Yes ☐ No

If so, please explain:

Is there any history of mental disorders/illness in your family? ☐ Yes ☐ No

If so, please explain: