PSC
PSYCHOLOGICAL
SOLUTIONS CENTER

INTAKE QUESTIONNAIRE-ADULT

Today's Date _____

Name_____Date of birth_____Age_____

Address_____

Marital Status: _____

Education: _____

Telephone:
Home_____ OK to leave a message? _____

Work_____ OK to leave a message? _____

Cell_____ OK to leave a message? _____

Email address: _____ OK to email? _____

Who should I contact in case of emergency (name and phone):

_____

REFERRAL: Who gave you my name to call?

Name_____Phone_____

May I acknowledge the referral? _____

CHIEF CONCERNS

Please describe the main difficulty that has brought you to see me _____

_____

_____

What help are you hoping to receive_____

_____

CURRENT EMPLOYER

Employer_____ Address _____

_____

Calls will be discreet, but please indicate any restrictions_____

MEDICAL CARE: From whom or where do you get your medical care?

Doctor/clinic name_____ Phone_____

Address_____

Are you taking any medications at this time? List medication, dosage and how long taken _____

_____

Do you have any allergies_____

List any illnesses, accidents, injuries or surgeries _____

_____

_____

FAMILY HISTORY

Please list members of your current household. If you have children who do not live in your house at this time, list them and indicate they no longer live in the house.

Name	Relationship	Age	Sex

Please list all members of your family of origin (the family in which you grew up).

Name	Age (or age at death)	Illnesses (or cause of death)	Education	Occupation

Any family history of ADD, anxiety, depression or learning difficulties: __ Yes __ No

Please describe _____

PREVIOUS TREATMENT

Have you ever received psychological, psychiatric, drug or alcohol treatment or counseling services before? ___ Yes ___ No If yes, please indicate:

When?	From whom?	For what reason(s)?	With what results?

LEGAL HISTORY

Have you ever been arrested or involved in any legal difficulties?

___Yes ___ No If Yes, please explain:

_____

Is your reason for coming to see me related to an accident or injury? __Yes __ No

Are you presently suing anyone or thinking of suing anyone? ___ Yes ___No

SUBSTANCE USE

Do you smoke ___ Yes ___ No

How much beer, wine, or hard liquor do you consume in an average week _____

Have you ever used inhalants (“huffing”) such as glue, gasoline or paint thinner?
_____

Have you used marijuana or other drugs? ___ Yes ___ No

OTHER

Is there anything else that is important for me to know about and that you have not written about anywhere else on this form? Please tell me about it here _____

_____

_____