The Gentle Shepherd Counseling Center

Adult Intake and History Form

NAME _____AGE_____ DOB_____ DATE _____

CURRENT PSYCHOLOGICAL STATUS

What are you seeking help with? _____

_____

Has anything been worrying or bothering you? □ Yes □ No _____

Any problems with depression? □ Yes □ No

With your temper, do you have a, □ Short Fuse □ Medium Fuse □ Long Fuse

Any problems with your thinking, memory, concentration? □ Yes □ No

Have you ever seen a counselor, psychologist, or psychiatrist? □ Yes □ No If yes, who?

_____

Have you ever had a "nervous breakdown"? □ Yes □ No

Ever hospitalized for your nerves or emotional problems? □ Yes □ No

Anyone in your family have emotional problems? □ Yes □ No

Any past or current suicidal thoughts or attempts? □ Yes □ No

DEMOGRAPHIC INFORMATION

Are you: □ Single □ Married □ Divorced □ Widowed □ Re-married

If married, is your marriage, □ Good □ Fair □ Poor □ Very Poor

Have you ever been separated or divorced? □ Yes □ No

If you have children, is your relationship with them, □ Good □ Fair □ Poor

What other family do you have in the area? □ Mother □ Father □ Sister(s) □ Brother(s)
□ Grandmother(s) □ Grandfather(s) □ In-Laws

Are there any ethnic or cultural considerations that we should be aware of? □ Yes □ No

If yes, what? _____

Do you: □ Own your own home □ Rent □ Other

How do you like your living arrangements? □ Good □ Fair □ Poor

Do you have enough money to pay your bills? □ Yes □ So-so □ No

Are you able to keep up with chores/responsibilities? □ Yes □So-so □ No

Do you own /have use of a car? □ Yes □ No

Any current hobbies or interests? □ Yes □ No What?_____

Do you have any pets? □ Yes □ No

FAMILY/CHILDHOOD BACKGROUND

Any difficulties with your birth? □ Yes □ No □ Don't know

What was your father like? _____

How did you and your father get along? □ Good □ So-so □ Bad

What was your mother like? _____

How did you and your mother get along? □ Good □ So-so □ Bad

How did your parents get along? □ Good □ So-so □ Bad

Any brothers or sisters? □ Yes □ No

How did you and your siblings get along? □ Good □ So-so □ Bad

Was your childhood overall, □ Good □ So-so □ Bad □ Can't remember much

Were you abused as a child? □ Yes □ No

How was your health as a child? □ Good □ So-so □ Bad

Any Childhood habits? □ Sleepwalking □ Nail biting □ Temper Tantrums □ Thumb Sucking
□ Running away □ Nightmares □ Bedwetting □ Fears

Childhood social activity? □ Too Little □ About right □ Too much

Did you get into any trouble as a child? □ Yes □ No

EDUCATION

Highest grade completed? □ Less than 12th grade □ High School Grad □ College

Are you currently in school? □ No □ Yes (Where?)_____

Any awards or honors while in school? □ Yes □ No

What kind of grades did you get? □ Above average □ Average □ Below Average

Were you in sports, band, clubs, etc? □ No □ Yes _____

_____

Any problems with learning? □ Yes □ No

How did you get along with classmates? □ Good □ So-so □ Poor

How did you get along with teachers? □ Good □ So-so □ Bad

MILITARY HISTORY

Ever in the Military? □ Yes □ No (skip this section)

Branch? _____ Mos/jobs? _____

Where stationed? _____ Dates of service?_____

WORK HISTORY (Complete all that apply)

Are you working? □ No □ Yes, as a _____

How long have you been at this job? _____

How do you feel about your job? □ Enjoy it □ Tolerate it □ Dislike/Hate it

Any special job skills? □ No □ Yes What? _____

How do you get along with your boss/supervisor? □ Good □ Fair □ Poor

How do you get along with your co-workers? □ Good □ Fair □ Poor

Accidents on the job? □ Yes □ No

Problems with being absent? □ Yes □ No

Ever fired from a job? □ Yes □ No

Previous jobs held: _____

SOCIAL HISTORY

Do you have anyone you can talk to about your concerns? □ Yes □ No

Is your current social activity, □ Too little □ About right □ Too much

Is there anyone you would like to see more often? □ Yes □ No

If yes, who? _____

Do you have any sexual concerns? □ Yes □ No

If yes, please describe. _____

_____

LEGAL HISTORY

Are you currently involved with the legal system? □ Yes □ No

Have you ever been convicted of a felony? □ Yes □ No

Any past or current drug or alcohol related charges? □ Yes □ No

PERSONAL AND FAMILY HEALTH HISTORY

How is your health? □ Very Good □ Good □ Fair □ Poor □ Very Poor

Who is your family doctor? _____

When did you last see a doctor? _____ weeks/ months/ years ago (Circle one)

What medications are you currently taking? _____

Have you ever been hospitalized? □ Yes □ No

If yes, what for? _____

Have you ever taken tranquilizers or sedatives ("nerve pills")? □ Yes □ No

Are you allergic to any drug, medicine, or food? □ Yes □ No If yes, what? _____

_____

Please Indicate Yes (Y) or No (N) if you or any blood relative has had an illness listed below. Include who has had the illness.

____ Allergies (Medicines, food, environmental) _____

____ Alcoholism or drug addiction _____

____ Autoimmune disease (Lupus, MS) _____

____ Blood disease (Hemophilia, Anemia)_____

____ Bone or joint disorders (arthritis) _____

____ Cancer (please identify type) _____

____ Chronic lung disease (asthma, bronchitis) _____

____ Deafness or blindness _____

____ Glandular disease (diabetes, thyroid) _____

____ Heart defect or disease _____

____Kidney or Urinary disease _____

____ Mental or Emotional Problems (Please describe) _____

____ Nerve Disease (Cerebral Palsy, Fibromyalgia) _____

____ Neurological Problems _____

____ Other (Please specify) :_____

SUBSTANCE USE HISTORY

Check off if ever used (check all that apply) and include date of last use

□ Amphetamines/Speed □ Cocaine/Crack □ Marijuana □ PCP, Angel Dust

□ Hallucinogens (LSD, THC, Magic Mushrooms, Peyote) □ Inhalants (gas, glue, paint thinners)

□Heroin, Codeine, Morphine

Do you use Nicotine? □ Yes □ No Have you ever used Nicotine? □ Yes □ No

Do you Drink? □ Yes □ No How much and how often? _____

RELIGIOUS INVOLVEMENT

Has spirituality/faith ever been important to you? □ Yes □ No

How would you describe your current spirituality (check all that apply)?

□ Exciting □ Growing □ Stagnant □ Boring □ Non-existent □ Discouraging □ Frustrating

□ Oppressive □ Frightening □ Other (describe) _____

Is your faith/spirituality helpful to you? □ A lot □ A little □ Not at all

Ever participate in any unusual religious/ spiritual practices? □ No □ Yes (explain) _____

_____

_____

Do you currently attend a place of worship? □ Yes □ No

If yes, where _____

FUTURE PLANS

Do you have any plans for the future (e.g., school, job change)? □ Yes □ No

What? _____

What are your goals for counseling treatment?

Would you like us to contact anyone regarding your counseling treatment? (Doctor,

Psychiatrist, spouse, etc.) □ Yes □ No Who? _____

CURRENT STATUS: PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MIGHT HAVE A A BETTER IDEA OF HOW YOU ARE DOING (**circle the correct number**);

	Not at all			Some			A lot
During the past week, how concerned or worried have you been about your health?	1	2	3	4	5	6	7
During the past week, how anxious, nervous or tense have you been?	1	2	3	4	5	6	7
During the past week, how much have you been bothered by feelings of guilt?	**1**	**2**	**3**	**4**	**5**	**6**	**7**
During the past week, have you felt super-efficient or like you have unlimited energy special talents or powers?	1	2	3	4	5	6	7
During the past week, how depressed have you felt?	1	2	3	4	5	6	7
During the past week, how irritable or angry have you been?	1	2	3	4	5	6	7
During the past week, how much distrust of others have you felt (or how much did it seem like others were out to hurt)?	1	2	3	4	5	6	7
During the past week, did you hear or see things around you that others did not see?	1	2	3	4	5	6	7
During the past week, how much difficulty have you had with your thinking?	1	2	3	4	5	6	7
Sub-total							
						Total	

IS THERE ANYTHING ELSE YOU WOULD LIKE YOUR THERAPIST TO KNOW?

Thank you for your assistance.

This form was developed by the faculty of the Midwest Counseling Program at Ashland Seminary, Ashland, Ohio and adjusted for use at The Gentle Shepherd Counseling Center.