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ADULT COUNSELING INTAKE FORM

Legal Name: _____

Preferred Name: _____

Date of Birth: _____ Gender Identity: _____

Address: _____

Cell/Home/WorkPhone: _____

E-mail: _____

Medical and Health History

General Health: _____

Are you now under a doctors care? _____ If yes, name of doctor: _____

Reason for doctors care: _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication: _____

Have you ever been hospitalized for a physical illness? _____

Describe: _____

Have you ever been hospitalized for a mental illness? _____

Describe: _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke? _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

Any previous Therapy/Counseling? _____

If yes, describe, when, where, how long, what for: _____

What do you hope to achieve with therapy? _____

Work History

Occupation: _____

How long? _____

If presently unemployed, describe the situation: _____

Hobbies/Special Interests: _____

Family Information

Where were you born?: _____ How long there?: _____

Ethnic Identity: _____

Father alive: _____ Relationship: _____

Mother alive: _____ Relationship: _____

Marital status: _____ #of marriages: _____

Spouse's name _____

Partner's name: _____

Children: #1 Age _____ #2 Age _____ #3 Age _____ #4 Age _____ #5 Age _____

Family alcoholism or domestic violence? _____

History of sexual abuse? _____

If cared for by someone other than your birth parents, describe the situation in some detail:

Emotional Status

Are you currently experiencing strong emotions? _____

If yes, describe: _____

Did you have what you would consider to be childhood or other traumas? _____

If yes, describe: _____

Have you been treated for mental health concerns? _____

If yes, when? _____

Have you had any thoughts of suicide? _____

If so, when? _____

Do you have any thoughts now? _____

Present Situation

Please state why you decided to come to counseling/therapy.

What is the nature of your current situation?

What would you like to experience that is different from what you are experiencing now?

How long has this been a problem for you?

What you would like to work on in therapy?
