



Adult Registration Form

600 S. Washington Ave., Suite #302, Naperville, IL 60540

COUNSELING INTAKE ADULT FORM

Name: _____ Date of Birth: _____

Full Address: _____

Cell/Home Phone: _____ Work: _____

E-mail: _____

Medical and Health History

General Health _____

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

Reason for doctor's 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/Avocations: _____

Family Information

Where born: _____ How long there: _____ Ethnic ID: _____

Parents: Father alive: _____ Where residing: _____ Relationship _____

Mother alive: _____ Where residing _____ Relationship _____

Marital Status: _____ #of marriages: _____ Spouse's name _____

Living with a partner: _____ How long: _____ Partner's Name: _____

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

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

Family Alcoholism or Domestic Violence? _____ Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year: _____ Your age at the time: _____

If deceased, what year? _____ Your age at the time: _____ Cause of death: _____

Any step-parents? _____ If yes, describe when and your relationship with them: _____

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 _____

Do you make decisions based on your emotions? _____ How well does that work for you? _____

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 for counseling/therapy:

What is the nature of your 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? _____

Please state what you would like to work on in therapy: _____
