## **INTAKE FORM**

Name:				<u>D</u>	ate of Intake:		
Presenting Proble	<u>em</u> :						
History of problem	<u>m:</u>						
Physical Health:							
General Health:	Excellent	Good	Fair	P	Poor		
Sleep Problems:	None	Occasional		Frequent	:		
Describe:							
Appetite:	Excellent	Good		Poor			
Recent weight gain or loss?							
Medications:							
Work History:							
Current Employer:							
Type of Work Environment:							
Previous Employer:							
Type of Work Environment:							
Reason for leaving:							

## **Current Stressors:**

Other Psychological/Psychiatric History:			
Substance Use:			
Family Psychiatric History:			
Describe your current living environment.			
Current partner's name and age:			
List of marriages and significant relationships:			
Name (Age):	Reason for leaving		
Name (Age):	Reason for leaving		
Name (Age):	Reason for leaving		
List of children (Living and deceased):			
Name (Age):	Current Relationship:		
Name (Age):			
Name (Age):			
Name (Age):	Current Relationship:		
Family of Origin:			
Mother:	Substance Usage?		
Father:			
Step Mother or Father?	Substance Usage?		
Comments:			
Brothers and Sisters, Names, Ages, Current Relationsh			

Support System:
Describe what it was like growing up in your family:
Identify any alcoholism/chemical dependency in your family:
Any past or current physical/emotional/verbal/sexual abuse?
Military History:  Describe military history and experience:
Financial Assessment: (Current income sources and any financial problems):
Social/ Leisure Assessment:
<u>Cultural/Spiritual History</u> :
Describe your cultural history:
Describe your religious/spiritual background:
Current religious/spiritual practices:
Sexual History:

Homosexual

Sexual Preference:

Heterosexual

Bisexual

Asexual

Chemical Use History:
Legal History:
Mental Status:
Strengths and Assets:
Safety Assessment:
Suicide Risk
Homicide Risk
Diagnosis:
Axis I-
AXIS I-
Axis II-
Avic III
Axis III-
Axis IV-
Axis V-
7 (ALS - V