

Amy E. Brown, MS, CAC, LPC, SAP, CCTP
780 E. Market St #280 ~ West Chester, PA 19382
T 610 416 0793 ~ F 610 566 3274

CONFIDENTIAL INTAKE FOR ADULTS

This form asks for information about your history and current life. Please complete this to the best of your ability and email or fax it to me at least 36-hours before our first scheduled appointment. Completing this form ahead of time allows us more time to discuss your concerns and questions, and identify goals for therapy when we meet. If you're not comfortable answering any of these questions, just leave the answer space blank. If you need more room to answer, please feel free to attach additional pages. Thank you!

Your name:

Today's date:

Date of our scheduled first appointment:

Age, gender, and date of birth:

Primary care physician's name and number:

Psychiatrist's name and number (if applicable):

How did you hear about me?

Why are you seeking therapy at this time? Do you have specific goals for therapy?

Please use as many additional pages as you need.

Medical History

Do you have any food or drug allergies? Please describe your allergic reactions. Use more pages if needed

Have you had any significant injuries, surgeries, or illnesses?

Have you been in a serious motor vehicle accident?

Please indicate your age at the time of each incident.

Do you have chronic pain or chronic illnesses? How do you manage your pain or illness? Please add more pages if you need more space to address this question.

Current medications (please list all, even if not prescribed for you) Use extra pages if needed.

Medication	Current dose	For what condition	Helpful?	Start date	Prescriber (if any)
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Please list your previous mental health (MH) and substance abuse (SA) treatment history.
Use additional pages if needed to fully answer this question.

Approximate start and end dates	Outpatient? Inpatient??	MH? SA? Both?	Name of provider or facility

Family of origin

Where were you raised? What did/do your parent(s) do for a living?
Are you adopted? If so, Please detail list what you know about your birth family.
Please add extra pages if you need more space. For this answer.

Family background:

Were any of your parents or grandparents born outside of the US? Where? What is the cultural and ethnic background of your family? Were you raised in a particular religion? Which one(s)?

Do you currently practice a particular religion? Use extra pages as needed.

If you have any siblings:

Please list all siblings, identify where you are in the birth order, where your siblings live, the quality of your relationship(s), and any sibling history of mental health (MH) or substance abuse (SA) issues.

Use extra pages if you need more space to answer this question.

Sibling name And gender	Age and location	If deceased, year and cause of death	Quality of relationship	MH issues?	SA issues?
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Sibling name And gender	Age and location	If deceased, year and cause of death	Quality of relationship	MH issues?	SA issues?

Parents:

The quality of their relationship, whether and where they are living, cause of death if deceased, current age(s) or age at death, and any known or suspected history of MH/ SA issues. Add more pages if needed.

Have any of your blood relatives committed suicide? If so, please provide as much detail as possible.
Use more pages if you need more space to answer this question.

Major life events to date- please provide your age at the time and relevant details. Use extra pages if needed.

Personal issues

Do you have a history of abuse or trauma? If yes, please provide only your age at the time and (if you're comfortable doing so) the general nature of the abuse/ trauma. No details for now. For multiple traumas, please list each event and your age at the time. Use extra pages as needed

Do you have supportive friends or family members? Do you have any problematic relationships?
Please add more pages if needed.

Your current relationship status

Are you currently in a relationship or married? Have you ever been divorced or widowed? Did you remarry?
Please include how long you've been with any current partner (if any) as well as approximate start/end dates
of any significant prior relationships. Please use additional pages if needed.

How many times have you/your partner been pregnant (if applicable)?
Have you or your partner had any miscarriages or stillbirths? Please add more pages if needed.

Do you have any children?

If so, please list their name(s), gender(s), and current age(s).

Where do they live? Do/have any of your children have/had MH/SA issues?

Do any of your children have any type of disability or chronic medical condition?

Please indicate if you've experienced the death of a child.

If so, when did she/he die and what caused her/his death?

Finally, please indicate which-if any- of your children are adopted or are stepchildren.

Please use additional pages as needed.

Developmental history

Did your birth mother experience any problems while pregnant with you or during/after delivery?

Did you achieve major milestones on time (walking, talking, potty training, etc.).

Did you receive any early intervention therapies (speech, physical, occupational, other)?

Feel free to include extra pages if needed.

Do you have a disability, developmental delay, learning difference, or ADHD? Please describe. Please include additional pages if you need more space.

For biological females only:

How old were you when you got your first period? Compared to your peers, were you a late or early bloomer?

Does (did) your mood or behavior change just before your period? Please explain.

If currently on birth control, please identify which type(s).

Finally, if applicable, please indicate if you are peri-menopausal, in menopause, or post-menopausal.

Please add more pages as needed.

Educational, vocational, and military history

Education:

Highest grade completed and usual grades.

Please list the names any high schools, college, or trade school you've attended.

Do or did you play sports at school? Which one(s)? Were you involved with band, clubs, or similar activities at school? Did you get into trouble at school for behavioral or attendance issues?

Were you ever asked to leave a school? If so, why?

Please use additional pages if you need more space.

Employment:

Where do you work? How long have you worked there? Please briefly describe your work responsibilities. Are you satisfied with this job and your co-workers?

Do you have any problems with attendance or performance?

Please list previous jobs (if any) over the past 5 years.

Please note any terminations and reasons for termination.

Add additional pages if you need more space.

Military Service

Are you a veteran? Please list which branch of service, start/end dates, and rank at discharge. Did you receive an honorable discharge?

Were you in combat? Please explain any relevant details and add more pages as needed.

Leisure time

What are your interests? How do you relax? How do you manage stress? What's fun for you? Feel free to add more pages if you need more space to answer.

Last one!

Do you have any concerns or questions about therapy? How can I be most useful to you?

Can you identify anything that might get in the way of our work together?

Are your family and friends supportive of therapy?

Please feel free to write about prior experiences with therapy (good and not so good), and anything else that might maximize our therapeutic work. Feel free to include additional pages as needed.

Thank you so much for completing this form.

Please remember to fax or email the completed form at least 36-hours before our first appointment. My email and fax are both confidential.

Amyebrown.lpc@gmail.com

Fax: [610-566-3274](tel:610-566-3274)