MARIAN ANDREWS, MSW, LCSW

Identifying/Contact Information: Please complete and bring in to your first appointment.

Adult Intake Form

Today's Date: ________________

Name:____Birthdate:_________Age:_______ Sex: M/F
Address: ____
County: ________________________ Email____
Telephone: (H)_____________________(C) ______________________ (W) ______________________
How did you hear about us?____
May we contact this person to thank them for the referral? Yes _____ No ______ Not Applicable ______

Emergency Contact: ____________________________________Phone_____________

Current Situation

Briefly describe the problem that prompted you to seek counseling:
____
____
____
____
____

Have there been times when the problem got better or disappeared? Yes_____No______

If yes, when?____

What do you think helped?____
____

When were the times when the problem was especially bad? ___________________________________

Are there other people who play a major role in causing your problems or in helping you cope with your problems? Yes_____No_____ Explain brielfly: ____
____
What are the concerns about the way anger is handled by you or other family members? _____________
____
____
Has your partner ever pushed, shoved or hit you?____

Marital Status (Check One):

Single_______ Married___________ Separated______ Divorced______ Widowed_________

Spouse ________________________ Date of wedding__________

Previous marriage(s):

Date of marriage Spouse's Name How long married

____
____
____

Children's Names and Ages Quality of Relationship

____
____
____
____

Education

Years of education completed:____________________________ Degrees_______________________

Specialized training or trade school____

Do you have any learning or developmental disabilities? Please specify: __________________________

____

What experience have you had in the military?____

Occupation

Primary place of work? ____________________________________How long there?______________

Describe the nature of your work: ____

Do you find this work satisfying? ____

Other employment:____

# of hours work per week:____

Family Background
Father:________________________________ Age_____Living______Deceased _____ If deceased, how and when?____
Grade completed in school:____ Occupation__________________ What are his known medical, psychiatric or substance abuse problems?____

Quality of current relationship?____
Quality of childhood relationship?____

Mother:____________________________ Age_____Living_____Deceased _______ If deceased, how and when?____
Grade completed in school_____Occupation__________________ What are her known medical, psychiatric or substance abuse problems? ____
Quality of current of current relationship?____
Quality of relationship in childhood____

Parents were: Married ____Divorced(when?)____________Never Married _____ Relationship with stepparents if applicable; ____
____

Siblings Names Ages Quality of Relationship

____
____
____

Other noteworthy childhood relationships:____
Significant childhood events (divorce, deaths, sickness, traumas) _________________________________
____

Spiritual Background

Do you regularly attend church? Yes______No____________ How would you characterize your current relationship with God? ____

Drug/Alcohol History

Have you recently been using alcohol or other drugs? If so, describe: ____________________________
____
Have you had any problem in the following areas related to your substance use? If so, describe:

Family:____Friends/social;___________________
________________________Employment:____
Financial:____Health:_________________________
_________________________Legal____

Current State of Substance Abuse:
Not a problem: _____ Becoming a problem _____ A severe problem_______

Have you ever attended:
12 step meetings _____ Treatment program _____ Addiction therapy_______

Longest period of sobriety and when____
How did you stay clean/sober? ____
____

Medical History

Describe any physical problems that currently require medication or physical care:
____
____
____

Please list your current prescription medications:

Name	Dosage	For what condition?	Physician

Counseling History

When and where have you had previous counseling/therapy? ____________________________
____
____
For how long? ____
Have you ever been hospitalized for a psychiatric condition? Yes_____ No______ If yes, please describe briefly:
____
List what you feel are your supports and resources.__________________________________
____
What are the goals you hope to reach through counseling?
____
____
____
Anything else your counselor should know?____
____
____

Current Concerns: Using the scale below, please choose a number that reflects the extent of your concern about each of the issues listed below. Please rate each item.

0 1 2 3 4 5 6 7 8 9 10

No concern — Moderate concern — Extreme concern

_____ Abused as a child	_______Problems with parents
_____ Anger/temper	_______thoughts of suicide
______Aggression	_______Physical problem
_____ Bitterness	_______sexual concerns
_____ Depression	_______Problems with children
_____ Difficulty communicating	______alcohol use (self)
_____ Eating difficulty	______trouble making decisions
_____ Education	______spiritual concerns
_____ Family problems	______stress/anxiety
_____ Fearfulness	______alcohol use(others)
_____ Financial problems	______drug use (self)
_____ Grief/loss	_____ drug use (others)
_____ Marital problems	_____other addictions
_____Personality conflicts	_____resentment
_____worry	_____work
_____unhappy	_____ physical problems
_____ other(please specify)	______problems in relationships

PLEASE COMPLETE THE FOLLOWING:

1. The most important thing to me is
2. I worry about
3. What I do best is
4. Sometimes I feel guilty about
5. What makes me angry is
6. My biggest mistakes were
7. My job
8. What makes me nervous is
9. My personality would be better if
10. I often felt that mother
11. Jesus Christ is
12. My temper
13. My childhood
14. Prayer is
15. My biggest disappointment
16. To me, sex is
17. I would be better liked if
18. I often felt that father
19. God to me is
20. My children (child)
21. Women are
22. What hurts me most is
23. My biggest problem is
24. Men are