ADULT INTAKE ASSESSMENT

Patient Name_____ Age:_____ D.O.B_____

Date:_____ Present at intake:_____

Referral Source:_____

____Single _____Married ____Divorced Sexual Orientation_____

PRESENTING PROBLEM (What are your concerns)

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_____

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_____

PROBLEM/CONDITION INCLUDES: (Check all that apply)

- Abuse/assault/ rape victim
- ❑ Alcohol or Drug problems
- ❑ Failure to respond to prior Treatment
- ❑ Self-damaging behaviors
- ❑ Suicide threat/attempt/danger
- ❑ Depressed/Anxious Mood
- ❑ Educational Problems
- ❑ Medical Problems
- ❑ Family problems
- ❑ Social/Interpersonal problems
- ❑ Domestic violence
- ❑ Eating Disorder
- ❑ Sexual Identity Issues
- ❑ Occupational problems
- ❑ Legal Problems

MEDICAL CONDITION AND HISTORY:

Primary Physician: Clinic: Last Physical:

Current Illness or injuries? YES | NO _____

_____

Current Medications? | YES | NO (List names and dosage) _____

_____

_____

_____

Health History (include use of caffeine, smoking, eating habits): _____

_____

_____

_____

Has patient had any problems with physical pain? Y N

How severe? (1 2 3 4 5 6 7 8 9 10)

MENTAL HEALTH/AODA TREATMENT HISTORY

Prior outpatient treatment? | Yes | No Prior Inpatient Treatment? | Yes | No

TREATMENT FACILITY	DATES	REASON, OUTCOME

Psychotropic Medications? | Yes | No (Name, dosage, and dates). _____

_____

SUBSTANCE USE HISTORY AND PROBLEM BEHAVIORS

Have you been concerned about your AOD(alcohol and other drug) use? Y N

Have others been concerned about your AOD use? Y N

Has using AOD caused any problems for you? Y N

If AOD treatment prior AODA Treatment? Y N

Last use and amount of alcohol/drugs _____

Indicate and describe if any of the following are identified as problems: Gambling Pornography

Computer/Internet

Unhealthy Sexual Activity Compulsive Eating _____

_____

HISTORY OF BEHAVIORS:

- ❑ Fire Setting
- ❑ Enuresis
- ❑ Encopresis Problems
- ❑ Cruelty to animals
- ❑ Gambling
- ❑ Assaultiveness
- ❑ Use of Weapons
- ❑ Gang Involvement
- ❑ School Refusal
- ❑ Temper Tantrums
- ❑ Sexualized Behaviors
- ❑ Breathing/Choking Games
- ❑ Eating
- ❑ Sexual Abuse of others
- ❑ Suicide Attempts
- ❑ Theft
- ❑ Vandalism
- ❑ Verbal Agress.
- ❑ Runaway

Other Significant History:_____

_____

_____

_____

FAMILY MEMBERS

Relationship	Name	Age	Residence	Notes

Nature of Current Relationship with Family Members: _____

_____

_____

_____

_____

Special Care/Situations of Childhood: (Check any that apply)

- ❑ Adoption: Age_____
- ❑ Foster Care: Age & Duration_____
- ❑ In Patient Placement: Age & Duration _____
- ❑ Resided with relatives: Age & Duration_____
- ❑ Other (Specify)_____
- ❑ History of Past or Current Involvement with Patient Protective Services Staff:_____

_____

Significant Childhood/Adult Stressors: (Check any that apply)

- ❑ Death of parent: Patient Age_____
- ❑ Death of Sibling: Patient Age_____
- ❑ Divorce: Patient Age _____
- ❑ Physical/Sexual abuse: Patient's age & Duration_____
- ❑ Domestic Physical Violence_____
- ❑ Family Alcoholism/Drug Abuse or Dependency: One Parent Both Parents Other

_____

- ❑ Family Mental Health/Psychiatric Problems:_____

_____

- ❑ Other Stressors:_____

_____

PARENTING: (please answer the following)

What strengths and deficits do the parents identify about themselves?_____

_____

_____

What are the patient's perceptions of the parent's strengths and deficits?_____

_____

What types of rules and consequences are employed by the caregiver?_____

_____

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DEVELOPMENTAL HISTORY:

Did you experience any developmental problems as a child? ___No ___Yes

If yes please describe:_____

_____

ACADEMIC INFORMATION:

School attended _____ Grade:_____

School Performance_____

Attendance Problems: No Yes _____

History of Behavior Problems at School? No Yes _____

_____

_____

Special Education Instruction: No Yes _____

_____

SOCIAL/PEER GROUP INFORMATION:

Social Activities/Interests: _____

_____

Support System:_____

_____

Hobbies/Interests:_____

Religious Involvement: _____

Work Experience: _____

LEGAL STATUS AND HISTORY:

Has Patient ever been arrested? No Yes

Has Patient ever been on probation? No Yes

Significant information and comments regarding legal status and history

_____

_____

_____

WHAT ELSE WOULD BE HELPFUL TO KNOW THAT WOULD ASSIST IN YOUR TREATMENT

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