

Adult Intake Form

Name: _____

Date: _____

PRESENTING PROBLEMS AND CONCERNS

Describe the problem that brought you here today:

Please check all of your behaviors and symptoms that you consider problematic:

Distractibility	Change in appetite	Suspicion/ Paranoia
Hyperactivity	Racing thoughts	Lack of motivation
Impulsivity	Withdrawal from people	Excessive energy
Boredom	Anxiety/ Worry	Wide mood swings
Poor memory/ confusion	Panic attacks	Sleep problems
Seasonal Mood Changes	Fear being away from home	Nightmares
Sadness/Depression	Social discomfort	Eating problems
Loss of pleasure/ Interest	Obsessive thoughts	Gambling problems
Hopelessness	Compulsive behavior	Computer addiction
Thoughts of death	Aggression/ Fights	Problems with pornography
Self-harm behaviors	Frequent arguments	Parenting problems
Crying spells	Irritability/Anger	Sexual problems
Loneliness	Homicidal thoughts	Relationship problems
Low self-worth	Flashbacks	Work/ School problems
Guilt/ Shame	Hearing voices	Alcohol/Drug abuse
" Fatigue	Visual hallucinations	Recurring, disturbing memories

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Are your problems affecting any of the following?

""Handling everyday tasks	""Self-esteem	""Relationships	""Hygiene
""Work/school	""Housing	""Legal matters	""Finances
""Recreational activities	""Sexual activity	""Health	""Qj gt

Yes No Have you ever had thoughts about, made statements about, or attempted to hurt yourself?
If yes, please describe:

Yes No Have you ever had thoughts about, made statements about, or attempted to hurt someone
else? If yes, please describe:

Yes No Have you recently been physically hurt or threatened by someone else?
If yes, please describe:

Have you gambled in the past 6 months? Yes No If yes:

Have you ever felt the need to bet more and more money? Yes No

Have you ever had to lie to people important to you about how much you gambled?
Yes No