

WEST MICHIGAN PSYCHOLOGICAL SERVICES

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ADULT INTAKE ASSESSMENT

Date: _____

Legal Name: _____ Preferred Name: _____

Biological Sex: _____ Preferred Gender Pronoun: _____ Gender Identity: _____

Birthdate: _____ Age: _____

Presenting Problems: (Check all that apply)

None

Mild

Moderate

Severe

Tired or Fatigued

Tension or Anxiety

Sleep Disturbances

Arguing with Significant Other

Feelings of Guilt

Concentration / Attention Problems

Abuse or Related problems

Marital Problems

Problems with Children

Sexual Concerns

Alcohol or Drug Use Problems

Physical Complains

Memory Problems

Irrational Fears

Work-related problems

Eating Problems

Depression

Anger

Obsessions or Compulsions

Do you hear voices?

Do you see things that aren't there?

Suicidal Thoughts

Self-Harm

Gender Identity

Other: _____

What would you like to accomplish in your counseling?

Mental Health History:

Have you received counseling in the past? Yes No
If yes, when, with whom, and for what reason?

Have you been hospitalized for a mental health issue? Yes No
If yes, when and for what reason?

Is there a family history of mental health problems or nervous problems? Yes No
If yes, please explain.

Substance Use History:

	<u>None</u>	<u>Past</u>	<u>Present</u>	<u>Frequency/Amount</u>
Alcohol				_____
Drugs				_____
Nicotine				_____
Caffeine				_____

Have you received treatment for any of the above substances? Yes No
If yes, when, for what substance, and for how long?

Do you have any family members with substance abuse problems? Yes No
If yes, list relationship and substance abused.

Medical History:

Who is your current Primary Care Physician: _____

Date of your last visit: _____

Describe any present or past health concerns/problems, including any childhood traumas or surgeries.

List all medications and dosages you are currently taking.

Height: _____ Weight: _____ Recent weight gain or loss: _____ lbs.

Appetite: _____

Family/Social/Personal History:

Parent's marital status: Married Separated Divorced (# of times: _____)

If married, how would you describe the quality/satisfaction of their marriage?

Describe your relationship with your father and mother:

<u>Sibling's Names:</u>		<u>Age</u>	<u>Marital Status</u>	<u>Occupation</u>
_____	M F	_____	M S D	_____
_____	M F	_____	M S D	_____
_____	M F	_____	M S D	_____
_____	M F	_____	M S D	_____
_____	M F	_____	M S D	_____

Describe your relationship with your siblings:

Describe your childhood/adolescent years: (Attitude, feelings, likes, dislikes, etc.)

Is there a history of verbal, physical, or sexual abuse in your family? Yes No

If yes, please describe:

Describe your current family relationships and living arrangements:

List and describe your support system of family and friends:

Do you gamble: Yes No If yes, how often: _____

Do you use, or have you used, porn? Yes No

Do you, or have you been told that you, have issues with food? Yes No

Do you, or have you been told that you, have issues with over spending? Yes No

Relationship History:

Single Married (# of years: _____) Separated (Date: _____)

Divorced (Date: _____) Living Together (# of years: _____)

Dating Name of Spouse/Partner: _____

How many times have you been married and what was your age and your partner's age?

If divorced, please give reason:

If in a relationship, how would you describe the quality/satisfaction of your present relationship?

How many children do you have? Natural: _____ Adopted: _____ Foster: _____

<u>Child's Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>City/State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How would you describe your relationship with your children?

Educational/Employment History:

What is the highest grade you completed in school? _____ GED: Yes No
Other education/training? _____ Occupation/Vocation: _____
Current Employer: _____ How long: _____
Number of jobs in the last 5 years: _____
What career/educational plans do you have?

Legal History:

Number of arrests: _____ Number of substance-related arrests: _____
Number of OUIL, DUIL, or DWO arrests: _____
Nature of other arrests:

Other legal concerns:

Religious/Spiritual Background:

List any formal religious affiliation:

Please describe your involvement:

Cultural/Racial Identity:

- | | | | |
|-----------------|------------------|--------|----------------|
| White/Caucasion | African American | Asian | Hispanic |
| American Indian | Middle Eastern | Muslim | Hindu/Buddhist |