

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE: \_\_\_\_\_ ID \_\_\_\_\_



## ADULT INFORMATION SHEET

### REFERRAL INFORMATION

1. Self referral:

- Court
- Probation
- Medical Doctor
- Other mental health professional
- Other: \_\_\_\_\_
- Friend or family member

2. Your reason for wanting an appointment:

\_\_\_\_\_

\_\_\_\_\_

### PAST COUNSELING OR MENTAL HEALTH TREATMENT

1. I have had past counseling or mental health treatment:

- Yes     No

2. If yes,

Where? \_\_\_\_\_

When? \_\_\_\_\_

What problem(s)? \_\_\_\_\_

### FAMILY LIFE

1. I was raised by:

- Two Biological Parents     One biological parent     Foster Parents
- A biological + a step-parent     Other family members: \_\_\_\_\_

2. Number of siblings with whom you were raised: \_\_\_\_\_

3. Biological siblings: \_\_\_\_\_ Step-siblings: \_\_\_\_\_ Half-siblings: \_\_\_\_\_

4. Birth Order: \_\_\_\_\_

5. Check the words that best describe your family life during your formative years (birth -12)

- Stable     Conflicted     Lonely
- Happy     Miserable     Other: \_\_\_\_\_

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6. Check the words that best describe your family life during your teen years (13-20)

- Stable       Conflicted       Lonely  
 Happy       Miserable       Other: \_\_\_\_\_

7. Are there people in your family today on whom you can rely for support, when you are facing difficulties?

- Yes       No

8. If yes, then who? \_\_\_\_\_

9. Family members who have had mental health treatment include:

- None       Mother       Father  
 Brother(s)       Sister(s)       Grandparents

## EDUCATIONAL INFORMATION

1. Highest level of education completed: \_\_\_\_\_

2. Highest degree or certificate obtained: \_\_\_\_\_

3. Do you have learning disabilities?

- Yes       No

4. If yes, specify: \_\_\_\_\_

5. If yes, has it impacted your schooling or work performance?

- Yes       No

6. Do you have trouble concentrating?

- Yes       No

7. If yes, has it impacted your schooling or work performance?

- Yes       No

8. Were you ever suspended from school for any reason?

- Yes       No

9. If yes:

How many times? \_\_\_\_\_

State the reason(s) \_\_\_\_\_

## OCCUPATIONAL INFORMATION

1. Identify your current work status:

- Full-time       Part-time       Not in labor force  
 Unemployed       Retired  
 Student       Medical leave  
 Homemaker       Volunteer

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2. Type of work you do: \_\_\_\_\_

3. Is this the job you would like to have?

Yes  No

4. If no, what changes do you want or need to make? \_\_\_\_\_

5. If unemployed, do you want to work?

Yes  No

6. Have you ever been fired from a job?

Yes  No

7. If yes:

How many times? \_\_\_\_\_

Reason(s): \_\_\_\_\_

8. Have you had trouble finding or keeping a job?

Yes  No

9. Are you missing days at work or school?

Yes  No

10. If yes, they why: \_\_\_\_\_

11. Are you having trouble with supervisors, co-workers, or customers?

Yes  No

12. Are you involved in volunteer activities?

Yes  No

## SOCIAL INFORMATION

1. My friendships are satisfactory?

Yes  No

2. Do you have many friends?

Yes  No

3. Do you make friends easily?

Yes  No

4. Do you have someone who provides support for you in times of need?

Yes  No

5. If yes, who provides this support? \_\_\_\_\_

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6. What type of support?

- Emotional     Housing     Financial
- Vocational     Other: \_\_\_\_\_

7. How well have you been getting along with others in your life?

- No problems                       Minor problems
- Moderate problems               Severe problems

8. Is your current housing situation stable?

- Yes     No

9. How many times have you moved or changed housing:

In the past month? \_\_\_\_\_

In the past three months? \_\_\_\_\_

In the past year? \_\_\_\_\_

10. Have you ever been homeless?

- Yes     No

11. If yes, how many times? \_\_\_\_\_

12. Is transportation a problem in your life?

- Yes     No

**CRIMINAL HISTORY**

1. Have you ever been arrested?

- Yes     No

2. If yes, how many times? \_\_\_\_\_

3. Approximate dates	Charges	Results
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you spent time in jail or prison?

- Yes     No

5. If yes, how much time have you served? \_\_\_\_\_

6. Approximate dates served:

\_\_\_\_\_

\_\_\_\_\_

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7. Are you currently involved in a legal matter?

- Yes  No

## PERSONAL INFORMATION

1. Are you involved in any hobbies?

- Yes  No

2. What do you do for relaxation? \_\_\_\_\_

3. Identify any special talents or interests? \_\_\_\_\_

4. List what you consider to be your personal strengths:

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5. Indicate any of the following areas for which you needed assistance in the past 30 days:

- Housing  
 Personal hygiene  
 Money management/budgeting  
 Paying of bills  
 Transportation  
 Constructive use of time  
 Cooking  
 Housekeeping  
 Other: \_\_\_\_\_

6. Describe your sexual orientation:

- Heterosexual  
 Homosexual  
 Bisexual

7. Has your sexual orientation ever been a problem in your life?

- Yes  No

8. Do you consider yourself a religious or spiritual person?

- Yes  No

9. Do you attend a church, synagogue, or other religious institution?

- Yes  No

10. Do you use private prayer, meditation, etc.

- Yes  No

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11. What role do your religious/spiritual beliefs play in your daily life?

- They are the foundation for everything I do
- They guide my behavior most of the time
- They are a source of comfort, but do not impact most daily decisions or actions
- Minimal or no impact on daily living

12. How do you describe your general outlook in life?

- Positive/optimistic
- Negative/pessimistic
- Not certain
- It goes back and forth
- Other:

13. Do you have problems sleeping?

- Yes
- No

14. If yes, do you have problems:

- Falling asleep
- Staying asleep
- Some of both

15. Do you feel rested when you awaken?

- Yes
- No

16. Are you confident when you make decisions?

- Yes
- No

17. Have you ever had problems with eating?

- Yes
- No

18. If yes, have these been with

- Eating too much
- Not eating enough
- Purging

19. If yes, have you sought treatment for this?

- Yes
- No

## SUBSTANCE USE

1. Do you drink alcoholic beverages?

- Yes
- No

2. If yes, describe how much you drink on average and how often:

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3. If yes, at what age did you first drink alcoholic beverages? \_\_\_\_\_

4. Do you use drugs?

- Yes     No

5. If yes, describe what drugs you use and, on average, how often:

\_\_\_\_\_  
\_\_\_\_\_

6. If yes, at what age did you first use drugs? \_\_\_\_\_

7. Was there a time in your life when you used either drugs or alcohol more often?

- Yes     No

8. When did you last use drugs or alcohol? \_\_\_\_\_

If yes, what substance did you use? \_\_\_\_\_

9. Has drinking or drug use ever led to problems in your life? (for example, arrests, discipline on the job, or family conflicts)

- Yes     No

10. If yes, what kinds of problems (check all that apply)

- Legal  
 Relationship  
 Vocational  
 Financial  
 Cognitive (e.g., blackouts, loss of memory)  
 Accidents  
 Other: \_\_\_\_\_

11. Has any family member been treated for either alcohol or drug abuse?

- Yes     No

12. If YES, then:

Which relative(s)?

What kind of treatment? (outpatient, inpatient)

_____	_____
_____	_____
_____	_____

13. Have you ever experienced a relapse during treatment?

- Yes     No     Not applicable

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14. If yes, describe:

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15. Have you ever sought treatment for substance abuse?

Yes  No

16. Have you tried to quit either alcohol or drug use?

Yes  No  Not applicable

17. If yes, were you successful?

Yes  No

18. Do you gamble?

Yes  No

19. If yes, at what age did you begin gambling? \_\_\_\_\_

20. Have you ever felt the need to bet more and more money?

Yes  No

21. Have you ever had to lie to people important to you about how much you gamble?

Yes  No

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### INSURANCE INFORMATION

1. What is your approximate household income? (Be sure to include all adult wage earners)

\_\_\_\_\_

2. How many people live in your household? \_\_\_\_\_

3. Are you wanting for insurance to cover all or part of your services with us?

Yes     No

4. If yes, please provide the following information:

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

DOB of Policy Holder: \_\_\_\_\_

Employer of Policy Holder: \_\_\_\_\_

Policy ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone numbers on the back of the card for "Benefit Information":

\_\_\_\_\_

\_\_\_\_\_

Note: Some insurance have a number designated for Substance abuse and Mental Health. If possible, include a copy of your insurance card with this packet when you return it. If you are hand-carrying it to one of our locations, please have our staff make a copy.