



Adult Intake Form

Full Name: _____

Birth Date: _____ Emergency Contact: _____

Best Contact Number(s): _____ okay to leave message: yes no

Address: _____

Who else do you live with

Names	Ages	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Strengths

What are your interests and things you do well: _____

Family History

Who were you raised by: _____

History of Abuse (emotional, physical, sexual, neglect): _____

Primary Care Doctor: _____ Last exam: _____

Medical Issues: _____

Did your mother use substances, alcohol or tobacco while pregnant? _____

Family History of Mental Illness: _____

Family History of Substance Abuse: _____



Do you experience (please circle):

- | | | |
|-----------------------------------|--------------------------------------|--------------------|
| night terrors | nightmares | periodic crying |
| anger easily | isolating | invades space |
| bullied by others | bully others | excessive injuries |
| poor eating (too much/too little) | short attention span | suicidal thoughts |
| Difficulty maintaining hygiene | difficulty getting along with others | |

What are your worries: _____

What would you like to see changed? _____

Anything else: _____

I am, under California Law considered a mandated reporter. If I have reason to believe you are a danger to a minor or a dependent adult; it is my obligation to report this. I am also obligated to report to the police; as well as the intended victim if you intend to physically harm another person. Please sign stating that you understand this.

Name Date