

Adult Intake Packet

Name: _____

Date: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Street Address: _____ City: _____

Zip: _____

Age: _____ Birthdate: _____

Email: _____

Married _____ Partnered _____ Single _____ Separated _____ Divorced _____

Widowed _____

How long (to all that apply above): _____

Ethnicity: _____

Religion: _____

Referred by: _____

Name of Emergency contact: _____

Phone #: _____

Relationship to client: _____

Are You Currently in Other Counseling? [] Yes [] No

If So, Name and Address: _____

Prior Counseling, Name(s) & Date(s): _____

Current Medications/Dosages (Include Over the Counter): _____

Have You Had Any Problems with Medications? If Yes, Details: _____

Type(s) Of Help Desired:

- Parenting Education
- Group Counseling
- Family Counseling
- Substance Use/Abuse Treatment
- Individual Counseling
- Couples Counseling

Other _____

Major Reason(s) For Seeking Help at This Time: _____

How long have you had these problems or symptoms? _____

How often do they occur? _____

Why did you seek help now? _____

What have you tried? _____

Do You Have Any Serious or Chronic Medical Conditions?
If Yes, Dates & Details: _____

Have You Had Any Serious Accidents/Head Injuries/Seizure Activity?
If Yes, Dates & Details: _____

Drug and Alcohol Use:

Do you use alcohol?_____ How much per week?_____

Age drinking started:_____

Do you use other drugs?_____ What kind:_____

How much:_____

Do you feel you have a problem with alcohol?_____

Other drugs?_____

Any previous drug/alcohol treatment (inpatient/outpatient)?

If yes, dates and

locations:_____

Has your drinking/drug use caused problems with family or relationships?_____

Has your drinking/drug use caused problems with your job?_____

Is it difficult for you to stop or control the amount you take?_____

Have you been arrested for driving under the influence or other drug related offense?

If yes,

dates:_____

Have you ever used tobacco products?___ What kind?_____

How much?_____

How many cups of caffeinated beverages do you drink per day (coffee, tea, soda, chocolate)?_____

Have you had any legal problems or previous imprisonment?

If yes,

explain:_____

Family Data:

Spouse/Partner Name: _____ DOB: _____ Age: _____

M/ F: _____

Lives with you? _____ Ethnicity: _____

Spirituality: _____

Child: _____ DOB: _____ Age: _____

M/ F: _____

Lives with you? _____ Ethnicity: _____

Spirituality: _____

Child: _____ DOB: _____ Age: _____

M/ F: _____

Lives with you? _____ Ethnicity: _____

Spirituality _____

CREDIT CARD AGREEMENT

Please note: New clients are required to keep a valid credit card number on file. Please complete the following information and provide your credit card to the therapist at your initial session.

CC Type: MC Visa Amex Other_____

Name as shown on card_____

Credit Card number_____

Three digit security code on back of card_____

Billing zip code associated with the card_____

Expiration Date_____

This card may be charged for:

_____Regular session fees (at your request, as a convenience to you)

_____Fees for cancellation without 24 hours notice (according to our Policy)

_____Delinquent session fees (fees more than 30 days overdue)

Agreement:

“I _____ (print name) have read and understand the terms of providing my credit card to A Journey Within. I understand that my credit card may be charged for the reasons indicated above. Any questions I have about this practice have been answered.”

_____ (Signature) _____ (Date)

