General Intake Questionnaire - Adult

Client Name: Preview

First Name

Last Name

Preferred name/nickname

Preferred Phone Number

Can I leave messages for you at this number:

Address: Street Name and Number

Address: Apartment Number

Address: City

Address: State

Address: Zip Code

The address where you will be while attending telehealth sessions:
Please note, I am required to know your physical location for each session due to legal and ethical teleheath requirements.

Which gender identity do you most identify?

Gender description if selected other above
If you selected other for gender identity, please describe that if you would like.

Pronouns

Pronouns if selected other above

Which race(s) and/or ethnicities do you identify with?

Religious affiliation (if applicable)

Employment Status

Occupation (if applicable)

Highest Level of Education

Romantic Relationship Status

Emergency Contact(s)
Please provide the name, relationship, and best phone number(s) to reach your contact(s). Please note this person may be contacted in the event I cannot reach you and there are

serious safety concerns present.

Have you seen a therapist or psychiatrist in the past?

Therapist Information
Please provide the name and dates you met with any of the therapists or psychiatrists you have seen.

How many times have you been hospitalized for a psychiatric problem?

Please briefly describe the concerns that are bringing you to therapy including stressors, symptoms, diagnosis, or life circumstances.

Please describe any stressors, traumas, symptoms or diagnoses you had in the past.

Do you have a family history of mental health conditions?
Please list the name, relationship, and diagnoses of any family members.

Medical History
Are you currently managing any chronic medical conditions or injuries? Have you had significant medical conditions or injuries in the past?

Current Psychiatric Medications
Please list all of the current medications, doses, and reason for the medication you are taking.

Please list any allergies you have.

When was the date of your last physical exam?

What were the results of the physical exam?

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