



3200 Tower Oaks Blvd., Suite 200 Rockville, MD 20852 Phone: 301-593-6554 X13 Fax: 301-255-0461  
8401 Connecticut Ave., Suite 1120, Chevy Chase, MD 20815 Phone: 301-593-6554 X13 Fax: 301-754-1034

## ADULT CLIENT INTAKE

Today's Date: \_\_\_\_\_

**Client:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Marital Status: \_\_\_\_\_

**Partner / Significant Other:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Children and their ages: \_\_\_\_\_

Who lives in your home? \_\_\_\_\_

**Referred by:** \_\_\_\_\_

### MEDICAL HISTORY

Any illness or major injuries or surgeries? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Primary care provider: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Medication(s), including dosage: \_\_\_\_\_

Prescribed by \_\_\_\_\_

Please indicate amount and frequency of use, if applicable:

a. Alcohol: \_\_\_\_\_ c. Caffeine: \_\_\_\_\_

b. Tobacco: \_\_\_\_\_ d. Illicit Drugs: \_\_\_\_\_

Past Hospitalizations: Medical, Psychiatric, Chemical Dependency:

<u>Date</u>	<u>Reason</u>	<u>Hospital</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Psychotherapy

<u>Facility/Therapist's Name</u>	<u>Dates Seen</u>	<u>Helpful or Not Helpful</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any additional previous strategies tried? (e.g. meditation, yoga, books, etc).

## **FAMILY HISTORY**

Describe any psychiatric problems, drug abuse, or alcoholism in immediate family and extended family:

Support systems: (e.g., extended family members, community agencies, religious institutions, etc).

What concerns bring you to this office?

What changes do you want to see?

**ADDITIONAL REMARKS:** Please use the back of this page or add a page to provide any additional comments you wish to make regarding your difficulties.

