



**CONFIDENTIAL ADULT INTAKE FORM**

<b>Name:</b>
<b>Today's Date:</b>
<b>Date of Birth:</b> <span style="float: right;"><b>Age:</b></span>
<b>Driver's License #:</b>
<b>Home Address:</b>
<b>City/State/Zip:</b>
<b>Cell Phone:</b> ( ) [ ] Preferred Method of Contact [ ] Ok LM? [ ] Text [ ] VM
<b>Home Phone:</b> ( ) [ ] Preferred Method Of Contact: [ ] OK LM?
<b>Email Address:</b>
<b>Emergency Contact: Name:</b> <b>Relationship to you:</b> <b>Phone Number:</b> ( ) <b>Address:</b>

<b>Ethnicity:</b> [ ] African-American [ ] Asian [ ] More than one race [ ] American/ Alaskan Indian [ ] Latino. [ ] Native American [ ] Pacific Islander [ ] Anglo [ ] Other
<b>Religion:</b> [ ] Catholic [ ] Buddhist [ ] Protestant [ ] Hindu [ ] Jewish [ ] Christian [ ] Islamic [ ] Other [ ] Uncertain
<b>Sexual Orientation:</b> [ ] Bisexual [ ] Lesbian/Gay [ ] Heterosexual [ ] Transgender
<b>Relationship Status:</b> [ ] Married [ ] Single, dating [ ] Divorced [ ] Committed Relationship [ ] Widowed

<b>Parental Status:</b> [ ] No children [ ] Foster Parent [ ] Biological Parent [ ] Adoptive Parent [ ] Step-parent/Co-parent [ ] Legal Guardian
<b>Child's Name:</b> <span style="float: right;"><b>Age:</b> <span style="float: right;"><b>Grade Level:</b></span></span>
<b>Child's Name:</b> <span style="float: right;"><b>Age:</b> <span style="float: right;"><b>Grade Level:</b></span></span>



<b>Child's Name:</b>	<b>Age:</b>	<b>Grade Level:</b>
<b>Child's Name:</b>	<b>Age:</b>	<b>Grade Level:</b>

<b>Person to be billed for fees:</b>
Name:
Address (Check box if same as above): [ ]
City/State/Zip:
Phone: (      )

<b>Employment Status:</b> <input type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
<b>Employer Name/Job Title:</b>

<b>Highest Level of Education Completed:</b> <input type="checkbox"/> Some High School <input type="checkbox"/> AA Degree
<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Some College <input type="checkbox"/> MA/MS Degree
<input type="checkbox"/> Technical/Apprentice Cert. <input type="checkbox"/> MD/JD/Doctoral Degree

<b>Spouse/Partner Employment Status:</b> <input type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Currently Deployed
<b>Employer Name/Job Title:</b>

<b>Who currently lives with you?</b>
First Name(s):
Age(s):
Relationship:
<b>Health History</b>
<i>Primary Care Physician's Name:</i>
Date of last Appointment:
Phone:
Address:



<b>Please list any serious illness or surgeries:</b>
<b>Please list any medications (prescribed and over-the-counter) that you are currently taking. List Medication Name/Dosage/Reason for Taking:</b>

<b>Have you ever seen a Counselor, Therapist or Psychiatrist?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Counselor/Therapist's Name:</i>
Date of Last Appointment:
Phone:
Address:
<i>Psychiatrists Name:</i>
Date of Last Appointment:
Phone:
Address:

<b>As a child or teenager, were you ever arrested?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, for what reason?
<b>As an adult, have you ever been arrested?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, for what reason?
Have you ever used drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you currently use? <input type="checkbox"/> No <input type="checkbox"/> Yes Which drugs do you currently use?
How many alcoholic drinks do you consume weekly? <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+



Phone: 760-576-5822

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**What is your pattern of involvement with the following (how often and how much):**

Cigarettes/tobacco:

Coffee/caffeine:

Gambling:

Do you exercise and how often?

How do you relax?

How many hours do you sleep each night?

**Your goals for therapy:**

**List any major changes or life events that have occurred in the last two years:**

**What are your major strengths?**

**How did you hear about Pier View Counseling?**