



Capital Valley Counseling Associates, LLC

8 Centre Street, Suite 2, Concord NH 03301

603-228-7300 Fax 603-228-7301

Adult Intake Forms

Contact & General Information

Client Name _____
Legal name Preferred name

DOB: _____ Gender _____ Preferred Pronouns _____

Partner's/Spouse's Name: _____

Address _____ City/Town _____ Zip _____

Phone (Home) _____ Phone (Work) _____ Phone (Cell) _____

May we leave a message at the Home phone? _____ Work phone? _____ Cell phone? _____

Email address: _____ May we contact you by Email? _____

Emergency Contact: _____ Phone _____

How did you find out about us and our services? _____

Please list date(s) and provider(s) of any prior counseling or other treatment: _____

Do you have a history of:
Substance Use? (Describe)

Domestic Violence? (Describe)

Legal Issues? (Describe)

Trauma? (Describe)

F. Please list the members of your family by giving their first names and ages. Place a X by those with whom you live. _____

G. If you have children under 18 who live outside of your home:

H. Who has legal custody? _____

I. Physical custody? _____

What are visitation agreements? _____

J. Is your family currently involved with any social service or legal or other agency? ____ No ____ Yes

K. If Yes, please explain:

L. Check any of the following that apply to you and indicate the person involved:

| EVENT | SELF | FAMILY MEMBERS | DATE |
|-----------------------------|------|----------------|------|
| Divorce | | | |
| Financial Trouble | | | |
| Job/School Problems | | | |
| Abuse: emotional | | | |
| Abuse: physical | | | |
| Abuse: sexual | | | |
| Domestic Violence | | | |
| Suicide thoughts/attempts | | | |
| Depression | | | |
| Anxiety | | | |
| Death of loved one (who?) | | | |
| Alcoholism | | | |
| Addictions (Describe) | | | |
| Physical/medical conditions | | | |
| Physical/medical conditions | | | |
| Physical handicap | | | |
| Other | | | |

M. Please indicate the highest grade in school that you have completed and note any additional training.

N. What is your current employment? _____

Position? _____ Number of years? _____

O. What are your hobbies/ leisure activities _____

P. Do you have any religious or spiritual practices? _____

Q. Do you have weapons in your home? _____ If so, where are they kept? _____

R. Is there anything else you want us to know about yourself?

Medical Information

Name _____ Gender _____ Age _____

Height _____ Weight now _____ One year ago _____

Maximum weight (when?) _____ Minimum adult weight(when?) _____

Weight you consider ideal _____

| Current Prescribed Medications | Dosage | Prescriber's name |
|--------------------------------|--------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Surgeries / Hospitalizations _____

Other Medical Concerns/Conditions: _____

Primary Care Provider _____ Date of last visit _____

Psychiatrist or Psychiatric Nurse Practioner _____

Adult Checklist of Concerns

Please check each line that applies and underline the specific items on the line that concern you. Feel free to add any others at the bottom of page 2 under "Any other concerns or issues." You may add a note or details in the space next to the checked concerns.

- Abuse – perpetrator of abuse.
- Abuse – victim of abuse.
- Addictions – gambling, screens/Internet/video games, pornography, substances.
- Aggression – physical toward people.
- Aggression – physical toward property.
- Anger, hostility, arguing, irritability.
- Anxiety, nervousness.
- Bizarre thoughts.
- Bullies/intimidates, teases, is bossy to others, instigates conflict, provokes others.
- Career issues/concerns.
- Cheating, lying, deceitfulness, dishonest.
- Childhood issues (your own childhood)
- Children, child management, child care, parenting, custody concerns.
- Codependence, dependent on others.
- Compulsions
- Concern for others, empathy.
- Concerns regarding drug or alcohol use/abuse.
- Confusion
- Cruel to animals.
- Cries easily, feelings are easily hurt.
- Decision-making, indecision, putting off decisions.
- Delusions (false ideas)
- Depression, low mood, sadness, feelings of emptiness or hopelessness, feelings of failure.
- Divorce, separation.
- Dropping out of school.
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money problems, debt, impulsive spending, low income.
- Friendships / social issues.
- Gender identity issues.
- Grieving, mourning, deaths, losses, divorce.
- Guilt.
- Headaches, stomach aches, other kinds of pains.
- Health, illness, medical concerns, physical problems.
- Impulsiveness, loss of control, outbursts, interrupts, talks out.
- Inattention, poor concentration, distractibility.
- Interpersonal conflicts.
- Intolerant of ethnic/religious/gender/sexual orientation or cultural differences.
- Irresponsibility
- Judgment problems, risk taking
- Lacks respect for/conflict with authority.

- Learning disability.
- Legal difficulties – please specify _____
- Loneliness.
- Marital/partner conflict, distance/coldness, infidelity/affairs, remarriage.
- Memory problems.
- Menstrual problems, PMS, menopause.
- Mood swings.
- Nightmares
- Obsessions, compulsions (thoughts or actions that repeat themselves)
- Oversensitivity to rejection.
- Panic or anxiety attacks.
- Perfectionism
- Pessimism
- Poor motivation.
- Procrastinate, waste time.
- Relationship problems.
- Rocking or other repetitive movements
- School problems (see also “Career concerns”)
- Self-centeredness
- Self-esteem
- Self-harming behaviors – cutting, biting or hitting self, head banging, hair pulling, scratching self.
- Self-neglect, poor self-care – grooming, hygiene.
- Sexual – sexual preoccupation, inappropriate sexual behaviors.
- Sexual issues, dysfunctions, conflicts, desire differences.
- Shyness, oversensitivity to criticism, timid.
- Sleep problems – too much, too little, insomnia, nightmares.
- Somatic/illness/pain complaints, feeling sick frequently/always.
- Speech difficulties
- Stubborn, difficulty compromising.
- Suicidal talk, gestures, attempts.
- Suspiciousness
- Swearing, profanity.
- Temper problems, self-control, low frustration tolerance.
- Threatening to others verbally.
- Tics – involuntary rapid movements, noises, or words.
- Under-active, slow-moving or slow-responding, lethargic
- Weight and diet concerns
- Withdrawn, isolates from others.
- Work problems, employment, workaholism/overworking, can’t keep a job.

Any other concerns or comments?
