



Therapy Nurtures

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ADULT INTAKE QUESTIONNAIRE

Client's Name _____

Date of Birth _____ Age _____

Referral Source _____

(Please attach medical records as appropriate.)

PRELIMINARY ISSUES AND PREVIOUS TREATMENT:

What is the primary concern or problem for which you are seeking help?

Have you had previous mental health treatment or experiences with alternative and complementary therapies (i.e. herbs, homeopathy, holistic treatments, massage, hypnosis, yoga, prayer, chiropractor, self-help groups, exercise, biofeedback, etc.)?

What do you hope from your treatment here? What are your goals? What would you like to change?

EXPERIENCE:

How would you describe your general mood/feelings in the past 2 weeks?

What aspects of your life are most stressful to you? Please describe.

Please mark any of the following feelings or experiences you've had recently:

- Difficulty concentrating
 Little interest or pleasure in doing things
 Poor or excessive appetite
 Excessive tiredness
 Feeling hopeless
 Feeling helpless
 Intense feelings of guilt
 Having much more energy than normal
 Thoughts racing through your head
 Needing less sleep than normal
 Thoughts that you would be better off dead
 Desire to harm yourself
 Desire to harm someone else
 Hearing or seeing things not actually there
 Thoughts that seem strange but that you can't seem to stop
 Anxiety attacks that happen for no apparent reason
 Constant or excessive worry about things
 Fear that someone is trying to harm you

Have you every attempted to seriously harm or kill yourself or anyone else? Yes/No, If yes, please describe and give details about what you did, when you this happened, etc.

Are you presently experiencing suicidal thoughts, or thoughts of wanting to harm someone else? Yes/No If yes, please describe.

Have there been any serious illnesses, births, deaths, or other losses in your family that affected you? Yes/No If yes, please describe.

Have you ever been a victim of, or witnessed, verbal, emotional, physical, and/or sexual abuse? Yes/No If yes, please briefly describe. Do you feel you are still affected by it?

MEDICAL AND BEHAVIORAL:

Have you ever been hospitalized for a psychiatric illness (i.e., depression/feeling suicidal/nervous breakdown)? Yes/No What were your hospitalized for? From when to when?

Medical illness you have now or had in the past:	Please note if past or present and provide comments (briefly describe your illness and whether it is causing problems now)
Seizures	
Thyroid Disease	
Head Injury	
Physical Pain	
Other _____	
Other _____	

When was your last physical? _____

Were there any noteworthy results (diseases, blood pressure, etc.)? Yes/No If so, please describe:

Please mark any of the following behaviors that are true of you:

- I eat too much
 I eat too little
 I neglect friends and family
 I tend to neglect myself and my own needs
 I have difficulty being kind and loving to myself
 I act in ways that end up hurting myself or others
 I tend to lose my temper easily
 I can't control some of my behaviors
 I sometimes spend more money than I can afford to
 I cry frequently

Are there any other behaviors you are concerned about? Yes/No If yes, please describe:

Describe your current sleeping patterns (When do you sleep? How many hours per 24 hours? Do you have trouble falling asleep, staying asleep, or waking up in the morning?)

Do you have any concerns about you eating habits? Yes/No (if yes please describe)

Describe your drug and alcohol use (both past and present). Do you feel you currently are having problems with any substances?

Family psychiatric history	List family members who have had these illnesses (siblings, parent, grandparent, children)
Depression	
Anxiety	
Head Injury	
Bipolar or Manic-depressive	
Schizophrenia	
Alcohol or Substance abuse	
Suicides	
ADHD	
Psychiatric hospitalizations	
Other _____	

SOCIAL SYSTEMS/CULTURE:

Describe your home life and relationships, including friends, family, and co-workers.

Describe your support system (i.e., friends or family who help you in times of need)?

In general, how satisfied are you with your friendships and other relationships?

Not at all 1 2 3 4 5 6 7 Very

How do you identify yourself ethnically? How important is your ethnic culture to you?

Do you have a religious/spiritual affiliation and/or practice? Yes/No Please explain.

OTHER:

Is there anything else you would like to mention about yourself? (Use the back of the page if you need to).
