

Lakewood Counseling and Career Center

6607 18th Avenue South • Suite 101 • Richfield, MN 55423 • 612-798-7373 • Fax 612-243-3615

ADULT INTAKE FORM

Date _____ Therapist _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Phone _____ Work _____ Cell _____

May we call you at home? _____ At work? _____ Cell? _____

How did you hear about Lakewood? _____

Have you sought Therapy/Counseling before? _____

Where? _____ When? _____

Are you: single married divorced widowed remarried coupled

Please list the people you are currently living with and their relationship to you.

Please list the name, age, and sex of any children you have, who are not listed above.

Please list your family of origin members, including their names, ages, or date of death.

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Briefly describe the primary concern that brings you here today.

Please indicate if you are experiencing any of the following, and if so, for how long.

irritability _____ tearfulness _____ over vigilance _____ apathy _____

fears/worries _____ depression _____ insomnia _____ low energy _____

weight change _____ nervousness _____ detachment _____ guilt _____

intrusive thoughts _____ trouble concentrating _____ distressing dreams _____

suicidal thoughts _____ excessive stress _____ uncontrollable anger _____

Have you had concerns about your use of alcohol or drugs?

Has anyone else ever expressed concern about your use?

Are you concerned about the alcohol or drug use of a significant person in your life?

Have you ever been abused? ___Physically ___Emotionally ___Sexually

Are you currently experiencing any medical problems? Please describe and list any medications.

Please describe your primary support system.

What personal strengths do you rely on when dealing with difficulties?

I have received a copy of the *client rights and responsibilities*.

Signature _____ Date _____