

INTAKE FORM *(leave area blank if you prefer not to disclose at present or would prefer to do so verbally)*

IDENTIFICATION INFORMATION

Name _____ age _____ birth date _____ Marital status _____

Number of children (ages, sex) _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Cell# _____ SSN _____ Employer _____

Present occupation (Satisfaction level, desires) _____

Past Occupation(s) _____

Education- highest attained, academic success, behavior, career desires _____

REFERRAL SOURCE or SELF _____

AGENDA(S) (What do you wish to change in your life?) _____

CHRONOLOGICAL ORDER OF SYMPTOMS, ADDICTION OR PSYCHIATRIC HISTORY, RECOVERY

HISTORY, and TREATMENT/THERAPY HISTORY. Life changes, stressors, grief, or conflicts _____

Current & Past Substance Abuse history (to include multiple addictions, **Recovery history** or problem areas)

and/or **Psychiatric history** (to include diagnosis, age of onset, severity of illness, treatments, and recovery history)

Religion and/or Spiritual beliefs (to include agnostic, atheist, or other) _____

MEDICAL/SURGICAL HISTORY

Psychiatric Medications, dosages _____

Chronic Pain _____

--Medications, dosages _____

Disease or Medical Conditions _____

--Medications, dosages _____

Surgeries _____

PERSONAL HISTORY

Birth and Early Development – pregnancy or developmental complications _____

Childhood - personality traits, behavior problems, social/family relationships, school adjustment _____

Adolescence-(drug use, cutting, behavior problems, etc.) _____

Current Marriage or Significant Other and/or Children – ages of current relationship and children, who lives at home, role in family, strengths, problem areas, etc _____

Past Marriage(s) or Significant Other(s) Areas of impact; such as grief , unresolved anger, boundary issues currently, etc. _____

Current Social situation - interpersonal relationships, group activities, follower/leader, introverted/extroverted, living arrangements, social environment, risk behavior, stability, hobbies, aspirations _____

FAMILY of ORIGIN HISTORY

Parents, Step Parents, Who raised you, impact on your life, significant issues _____

Siblings, Birth order, current ages, impact on your life, significant issues _____

Substance Abuse or Psychiatric history of family and relatives _____

Other Pertinent info _____

* Email correspondence(BobW@AddictionTherapyBeyondTreatment.com) is not considered a confidential medium of communication; **Fax # 866-411-4739** _ (Sent fromBobW@AddictionTherapyBeyondTreatment.com) This message and the documents attached to it, if any, contains confidential information from or to Robert Wilkins is intended only for the use of the addressee and may contain information that is Privileged and Confidential under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, please delete all electronic copies of this message and its attachments, destroy any hard copies you may have created and notify me immediately. Please feel free to email me with any questions or concerns"