

**Daniel Rothman, MA, LPC**

***Adult Intake and History***

Name \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**Phone #**

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Emergency Contact**

\_\_\_\_\_

**Marital Status**

\_\_\_\_\_

**Occupation**

\_\_\_\_\_

**Reason for Seeking Counseling/Presenting Issues.**

***Symptoms: Significant weight loss/gain. Sleeping problems. Fatigue. Difficulty concentrating. Feelings of worthlessness. Feeling anxious, irritable.***

***Prior Counseling - Have you ever been in counseling before? When, why, with whom... How was the experience?***

***Current Health - How do you sleep? How often and what kind of exercise? Nutritional Habits?***

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**Current sources of satisfaction, relaxation, strength.**

**History of Major Illnesses or previous Hospitalizations?**

**Medications used now/in past?**

**Physician/other health practitioners (*acupuncture, massage, etc*)?**

**Alcohol/Caffeine/Drug Use?**

**History of alcoholism, suicide, violence in family.**

**Have you ever felt suicidal or homicidal?**

**Children (*names, ages, where they live*)**

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**Mother. Name:**

**Living? Yes No Current age or age of death: \_\_\_\_**

**Relationship.**

**Father. Name:**

**Living? Yes No Current age or age of death: \_\_\_\_**

**Relationship.**

**Siblings: Number of Brothers Brother's Ages**

**Number of Sisters Sister's Ages**

**Have any siblings died? Age? Cause?**

**Relationship.**

**Did your parents divorce? Yes No At what age?**

**Where did you grow up and how was it?**

**Any history of mental illness/emotional stressing you or your family?**

**Memories of emotional, physical, sexual abuse.**

**Religion/Spiritual background.**

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Educational background/Work history.

**Current Relationships?**

*Partnership*

*Work*

*Friends*

*Family.*

**Significant Life Events?** *new child, death, divorce, relocation(s)...*

**What else do you want me to know about you?**

**Goals and Wishes...**