

Adult Intake Packet

Name: _____

Date of Birth: _____ Current Age: _____

Gender Identity: _____ Pronouns: _____ Sexual Orientation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Is it okay to leave a voicemail? YES NO

E-mail Address: _____

Electronic assisted communication (including voicemail, and email) may not always be secure, and that confidentiality cannot be ensured by PIMFT (failure to provide at least one method of contact will require that you conduct all business in person during business hours).

Will you be participating in therapy sessions with anyone else ? YES NO

If so, who/relationship? _____

Have you ever been to therapy? YES NO

If so, when/how long? _____

Have you ever been hospitalized for mental health concerns? YES NO

If so, when/how long? _____

Within the last 30 days, have you had thoughts of hurting yourself? YES NO

Within the last 30 days, have you had thoughts of killing yourself? YES NO

Have you ever engaged in self-harm or attempted to end your life? YES NO

Within the last 30 days, have you had thoughts of killing others? YES NO

Please list all medications you are taking:

Medication: _____ Dosage: _____ Prescriber: _____

Date started: _____ Reason: _____

Medication: _____ Dosage: _____ Prescriber: _____

Date started: _____ Reason: _____

CASE # _____

Family Assessment Device - General Functioning Scale

Directions: The assessment contains a number of statements about families. Read each statement carefully, and decide how well it describes your own family. For each statement there are four possible responses: Strongly agree (SA): if you feel the statement describes your family very accurately. Agree (A): if you feel the statement describes your family for the most part Disagree (D): if you feel the statement does not describe your family for the most part Strongly Disagree (SD): if you feel the statement does not describe your family at all. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

FAD	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
1. Planning family activities is difficult because we misunderstand each other.				
2. In times of crisis we can turn to each other for support.				
3. We cannot talk to each other about the sadness we feel.				
4. Individuals are accepted for what they are.				
5. We avoid discussing our fears and concerns.				
6. We can express feelings to each other.				
7. There are lots of bad feelings in the family.				
8. We feel accepted for what we are.				
9. Making decisions is a problem for our family.				
10. We are able to make decisions about how to solve problems.				
11. We don't get along well together.				
12. We confide in each other.				

CASE # _____

The SBI					
<i>For the following items, please respond by stating strongly agree, agree, neutral, disagree, or strongly disagree.</i>					
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>1. I am able to generate solutions</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>2. I have the ability to focus on what I want to occur in my life</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>3. I can think about things that have made a positive difference for me.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>4. I am able to focus on times when my situation is not so overwhelming, even a little bit.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>5. There are times in my life when I am able to handle difficulties well.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>6. I am able to notice good things in myself, others, and my situation.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>7. I have been able to cope with life's challenges</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>8. If I woke up tomorrow and a miracle happened in my life I would be able to notice differences in myself and others</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>9. I am aware of small positive changes that I make.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>10. There are times when I am really proud of how I am able to handle difficult situations</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>11. I have successfully overcome challenges in the past</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>12. I have made steps towards improving my life</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>13. I am able to see good things in my situation, even though parts of it seem very difficult.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>14. Dwelling on my problems may not be the best way to find solutions</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Please describe your 2 main concerns:

What is brining you into therapy? _____

When did it begin? _____

What is brining you into therapy? _____

When did it begin? _____

Please list everyone who currently lives in your household:

Name: _____ Gender: _____ Date of Birth: _____ Relationship to You: _____

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Name: _____ Gender: _____ Date of Birth: _____ Relationship to You: _____

Name: _____ Gender: _____ Date of Birth: _____ Relationship to You: _____

Please provide the following information about yourself by checking the boxes that apply:

What language do you prefer to speak in therapy?

☐ English

☐ Spanish

☐ Other: _____

What is your racial or ethnic origin?

☐ American Indian or Alaska Native

☐ Asian or Pacific Islander

☐ African-American / Black

☐ Caucasian / White

☐ Hispanic/Latino/a

☐ Other: _____

What is your religious preference?

☐ Catholic

☐ Protestant

☐ Latter-Day Saint

☐ Jewish

☐ Muslim

☐ None

☐ Other (specify) _____

Do you have any children? YES NO

☐ How many? _____

What is the highest level of education that you have completed?

- ☐ Grade school
- ☐ High school (or GED)
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Graduate Student
- ☐ Master's degree
- ☐ Doctorate degree

What is your employment status?

- ☐ Employed full-time
Occupation: _____
- ☐ Employed part-time
Occupation: _____
- ☐ Unemployed
- ☐ Retired
- ☐ Student

What is your current annual income?

- ☐ Less than \$10,000
- ☐ \$10,000 – \$19,999
- ☐ \$20,000 – \$29,999
- ☐ \$30,000 – \$39,999
- ☐ \$40,000 – \$49,999
- ☐ \$50,000 – \$59,999
- ☐ \$60,000 – \$69,999
- ☐ \$70,000 or above

What is your current relationship status?

- ☐ Single, never married, not dating
- ☐ Single, divorced or separated
- ☐ Single, widowed
- ☐ Dating
- ☐ Living together
- ☐ Engaged to be married
- ☐ Married
- ☐ Polyamorous

How long have you been in this current relationship(s)? _____

Problems that are a concern to you about **YOURSELF**:

- ☐ 1. chronic illness/pain
- ☐ 2. depression
- ☐ 3. anxiety/worries
- ☐ 4. stress
- ☐ 5. sexual abuse / rape
- ☐ 6. eating disorder
- ☐ 7. relationship problem
- ☐ 8. physical problem
- ☐ 9. excessive alcohol/drugs
- ☐ 10. family relationships
- ☐ 11. sexual problems
- ☐ 12. parenting
- ☐ 13. self-esteem
- ☐ 14. lack of assertiveness
- ☐ 15. suicidal thoughts
- ☐ 16. anger
- ☐ 17. grief
- ☐ 18. self-injury / self-mutilation
- ☐ 19. sexual addiction
- ☐ 20. emotional abuse in childhood
- ☐ 21. physical abuse in childhood
- ☐ 22. sexual abuse in childhood
- ☐ 23. other (please specify): _____

Do you have any concerns about your weight? YES NO

If yes, please describe: _____

Have you struggled with an eating disorder? YES NO

If yes, how long (length of time)? _____

In general, how often do you use tobacco products? _____

Do you use tobacco products more often than you used to? YES NO

Has anyone objected to your tobacco use? YES NO

How often do you have a drink containing alcohol? _____

Have you ever felt that you ought to cut down on your drinking or drug use? YES NO

Have people annoyed you by criticizing your drinking or drug use? YES NO

Have you ever felt bad or Guilty about your drinking or drug use? YES NO

Have you ever had a drink or used drugs in the morning to steady your nerves? YES NO

Problems that are a concern to you about ***YOUR PARTNER:***

- ☐ chronic illness/pain
- ☐ depression
- ☐ anxiety/worries
- ☐ stress
- ☐ sexual abuse / rape
- ☐ eating disorder
- ☐ relationship problem
- ☐ physical problem
- ☐ excessive alcohol/drugs
- ☐ family relationships
- ☐ sexual problems
- ☐ parenting
- ☐ self-esteem
- ☐ lack of assertiveness
 - ☐ suicidal thoughts
 - ☐ anger
 - ☐ grief
- ☐ self-injury / self-mutilation
- ☐ sexual addiction
- ☐ emotional abuse in childhood
- ☐ physical abuse in childhood
- ☐ sexual abuse in childhood
- ☐ other (please specify) _____

Problems that are a concern to you about ***YOUR RELATIONSHIP:***

- ☐ poor communication.
- ☐ argue about finances.
- ☐ not enough time together.
- ☐ fighting/arguing.
- ☐ physical violence.
- ☐ excessive alcohol/drugs.
- ☐ refuses sex too often.

- ☐ demands sex too often.
- ☐ sexual problems
- ☐ parenting differences.
- ☐ partner too controlling.
- ☐ different values.
- ☐ emotional abuse.
- ☐ difficulties with in-laws/extended family
- ☐ other (please specify): _____

Problems that are a concern to you about your **CHILDREN/FAMILY**:

- ☐ Stealing
- ☐ fire setting
- ☐ truancy
- ☐ fighting
- ☐ drugs/alcohol
- ☐ adolescent pregnancy
- ☐ sexual abuse (victim)
- ☐ sexual abuser
- ☐ disobedience
- ☐ divorce adjustment
- ☐ death in family
- ☐ anger
- ☐ peer relationships
- ☐ poor self-esteem
- ☐ bed-wetting/soiling
- ☐ destructiveness
- ☐ issues with stepchildren/stepparenting
- ☐ eating disorder
- ☐ self-injury
- ☐ harm to others
- ☐ other (please specify) _____

Name: _____

Signature: _____ Date: _____

Please bring this with you to your first session.