



Adult Intake Form

Date: _____

Client Name: _____

DOB: _____

If you are unable to answer any of the questions below, please write DK (Don't Know) in the blank provided.

ETHNICITY (optional):

____ Caucasian ____ Hispanic ____ Asian ____ Other: _____
____ African American ____ Native American ____ Bi/Multiracial

HOUSEHOLD

Marital Status

____ single, never married
____ engaged [] months
____ married [] years
____ divorced [] years
____ separated [] years
____ divorce in process [] months
____ live-in for [] years
____ prior marriages (self)

Intimate Relationship

____ never been in a serious relationship
____ not currently in serious relationship
____ currently in a serious relationship
____ not currently looking for serious relationship

Relationship Satisfaction

____ very satisfied
____ satisfied
____ somewhat satisfied
____ dissatisfied
____ very dissatisfied

List all persons currently living in your household

Name	Age	Sex	Relationship to you

List children and stepchildren not currently living in your household

Name	Age	Sex	Relationship to you

Describe any past or current significant issues in intimate relationships:

HISTORY

FAMILY OF ORIGIN

Present during Childhood:

	Present entire childhood:	Present part of childhood:	Not present at all:
Mother	[]	[]	[]
Father	[]	[]	[]
Stepmother	[]	[]	[]
Stepfather	[]	[]	[]
Brother(s)	[]	[]	[]
Sister(s)	[]	[]	[]
Other: _____	[]	[]	[]

Parent's current marital status:

[] Married to each other for ____ years
[] Separated for ____ years
[] Divorced for ____ years
[] Mother remarried ____ times
[] Father remarried ____ times
[] Mother involved with someone
[] Father involved with someone
[] Mother deceased for ____ years
(your age at mother's death: ____)
[] Father deceased for ____ years
(your age at father's death: ____)

Describe parents:

Father: [] biological [] adoptive [] step [] other
Full name: _____
Occupation: _____
Education: _____
General health: _____

Mother: [] biological [] adoptive [] step [] other
Full name: _____
Occupation: _____
Education: _____
General health: _____