The Arlington Center

3375 North Arlington Heights Road/Suite F/Arlington Heights, Illinois- 60004/847-577-4530

Adult Intake Questionnaire

Please fill out the following intake form to the best of your ability. This will help us better understand and work with you. We realize there is a lot of information and you may not remember or have access to all of it, but do the best you can. This information will be treated with the strictest of confidence as a part of your record at this office. Thank you!

CLIENT IDENTIFICATION **Today's Date: _____**

Name _____ Sex: ☐ Male ☐ Female Age: ____ Birth Date _____

Spouse _____ Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Home Address: _____

City _____ State _____ Zip _____

Home Phone # _____ Work # _____

Cell Phone # _____ Alternate # _____

Children's Names & Ages _____

REFERRAL SOURCE

How did you hear about us? _____

MAIN PURPOSE FOR SEEKING SERVICES (Please give a brief summary of the main problems):

_____

_____

_____

_____

_____

_____

PRIOR ATTEMPTS TO CORRECT PROBLEMS:

(Please include contact with other professionals, counseling, medications, types of treatment, etc.)

_____

_____

_____

_____

What was helpful in these past interventions and what was not helpful?

_____

_____

_____

MEDICAL HISTORY
Current & past medical problems/medications: _____

_____

_____

CURRENT STRESSES (please list current factors that are a source of stress for you, for the family as a unit, for other members of the family- they can be major life stressors or seemingly minor stressors.)

_____

_____

_____

_____

FAMILY HISTORY
Family Structure (List who lives in the current household and the quality of the relationships with each other):

_____

_____

_____

_____

Current Marital Situation, Nature of the Relationship, and Family Atmosphere:

_____

_____

_____

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.):

_____

_____

_____

RELIGION:
What is your religious/denominational background?_____

Is religion/spirituality an important part of you or your family's life? If yes, please explain how:

_____

INTERPERSONAL RELATIONSHIPS Describe how you would characterize your relationships with:

Co-Workers _____

Members of the same sex _____

Members of the opposite sex _____

People in authority _____

SELF-CARE Describe how well you take care of yourself physically (eating habits, exercise, sleep, physician visits):

_____

_____

_____

Is there anything else that would be helpful in understanding you?

_____

_____

_____

Please check any of the following that applied to you during your childhood (check all that apply)

- ❑ Excessive sleeping/Sleep Difficulties
- ❑ Excessive Nightmares
- ❑ Sexual problems
- ❑ Alcohol/substance abuse
- ❑ Medical/health problems
- ❑ Social/peer problems
- ❑ Trouble with the law
- ❑ Family member with alcohol/drugs use problem

- ❑ School/academic problems
- ❑ Learning disability
- ❑ Attention Deficit-Hyperactivity Disorder
- ❑ Emotional problems (Depression/anxiety/fears)
- ❑ Bedwetting/toilet training problem
- ❑ Sexual abuse/Physical abuse
- ❑ Behavioral problems
- ❑ Significant trauma or loss experienced

Please check each of the following that apply to you:

- ❑ Pleasant sexual images
- ❑ Unpleasant childhood images
- ❑ Helpless images
- ❑ Aggressive images

- ❑ Unpleasant sexual images
- ❑ Lonely images
- ❑ Seduction images
- ❑ Images of being loved

- ❑ Depressed mood
- ❑ Excessive fears/Panic attacks
- ❑ Work or career difficulties
- ❑ Sexual molestation or harassment

Please check any of the following words that you might use to describe yourself:

- ❑ Intelligent
- ❑ Ambitious
- ❑ Trustworthy
- ❑ Useless
- ❑ Morally degenerate
- ❑ Unattractive
- ❑ Confused
- ❑ Naïve

- ❑ Horrible thoughts
- ❑ Memory problems
- ❑ Suicidal ideas
- ❑ Hard working
- ❑ Confident
- ❑ Sensitive
- ❑ Full of regrets
- ❑ Considerate

- ❑ Unlovable
- ❑ Ugly
- ❑ Honest
- ❑ Conflicted
- ❑ Attractive
- ❑ Persevering
- ❑ Worthwhile
- ❑ Loyal

- ❑ Worthless
- ❑ Co-dependent
- ❑ Inadequate
- ❑ Stupid
- ❑ Incompetent
- ❑ Good sense of humor
- ❑ Concentration problems
- ❑ Can't make decisions

Please check any of the following that apply to you and circle the frequency:

❑ Marijuana	Never-Rarely-Frequently-Often
❑ Sedatives	Never-Rarely-Frequently-Often
❑ Painkillers	Never-Rarely-Frequently-Often
❑ Aspirin	Never-Rarely-Frequently-Often
❑ Coffee	Never-Rarely-Frequently-Often
❑ Nausea	Never-Rarely-Frequently-Often
❑ Alcohol	Never-Rarely-Frequently-Often
❑ Cigarettes	Never-Rarely-Frequently-Often

❑ Premenstrual upset	Never-Rarely-Frequently-Often
❑ Menopausal distress	Never-Rarely-Frequently-Often
❑ Stimulants	Never-Rarely-Frequently-Often
❑ Bowel disturbances	Never-Rarely-Frequently-Often
❑ Allergies	Never-Rarely-Frequently-Often
❑ Sexual problems	Never-Rarely-Frequently-Often
❑ Headaches	Never-Rarely-Frequently-Often
❑ Sleep problems	Never-Rarely-Frequently-Often

Please check any of the following life events that have occurred for you in the past year:

- ❑ Death of a spouse
- ❑ Divorce
- ❑ Marital separation
- ❑ Jail term
- ❑ Death of family member
- ❑ Personal injury/ill
- ❑ Close friend died

- ❑ Got married
- ❑ Fired at work
- ❑ Marital reconciliation
- ❑ Retirement
- ❑ Pregnancy
- ❑ Sexual difficulties
- ❑ Gain family member
- ❑ Change in line of work

- ❑ Change in financial status
- ❑ Significant achievement
- ❑ Foreclosure on loan
- ❑ Child left home
- ❑ Trouble with in-laws
- ❑ Begin or end school
- ❑ Trouble with boss
- ❑ Change in church activities

- ❑ Self or spouse stop work
- ❑ Increase marital conflict
- ❑ Changed living condition
- ❑ Changed work hours
- ❑ Changed residence
- ❑ Changed sleeping habits
- ❑ Change in social activities
- ❑ Change in eating habits