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ADULT INTAKE ASSESSMENT FORM

What are the problems for which you are seeking health?

How long have you had these problems?

What would you like to accomplish in therapy?

Current symptom checklist:

Depressed mood	Excessive guilt	Excessive energy	Hallucinations
Unable to enjoy self	Fatigue	Irritability	Obsessive thoughts
Sleep problems	Racing thoughts	Crying spells	Suspiciousness
Trouble concentrating	Impulsivity	Excessive worry	Avoidance
Change in appetite	Risky behavior	Anxiety attacks	Self conscious
Nightmares	Aches/pains	Bites nails	Easily embarrassed
Headaches	Picks skin	Compulsive behavior	Negative outlook
Nausea	Pulls out hair	Changes in mood	Feels sad
Withdrawn	Poor self esteem	Changes in appetite	Weight gain/loss
Feels guilty	Fears or phobias	Perfectionist	Lacks confidence
Stressed	Restlessness	Feels uncertain	Confused/in a fog
Feels angry	Can't calm self	Other:	Other:

Suicide risk assessment:

Have you ever had feelings or thoughts that you didn't want to live? ()Yes ()No

If **YES** please answer the following:

Do you **currently** feel that you don't want to live? ()Yes ()No

How often do you have these thoughts?

When was the last time you had thoughts of dying?

Has anything happened recently to make you feel that way?

On a scale of 1 to 10 (ten being the strongest) how strong is your desire to kill yourself currently?

Would anything make it better? If yes, please explain.

Have you ever thought about how you would kill yourself? If yes, please explain.

Is the method you would use readily available? If yes, please explain.

Have you planned a time for this? If yes, please explain.

Is there anything that would stop you from killing yourself? If yes, please explain?

Do you feel hopeless and/or worthless?

Have you ever tried to kill yourself before? If yes, please explain.

Have you ever tried to harm yourself before without the intent to die (ex. cutting)? If yes, please explain.

Do you have access to guns? If yes, please explain.

Medical history:

How would you describe your current health?

Do you currently have any serious medical conditions? If yes, please explain.

Have you ever been hospitalized? If yes, please explain.

Are you currently taking any medications or supplements? If yes, please explain.

As far as you know did your mother have any complications with pregnancy or birth? If yes, please explain.

As far as you know did you meet your developmental milestones (crawling, walking, talking etc.) on schedule? If no, please explain.

Is there any other personal or family medical history that would be important to share? If yes, please explain.

Past psychiatric history:

Have you ever received a psychiatric diagnosis? If yes, please explain.

Have you ever received outpatient mental health treatment/therapy before? If yes please explain the reason for treatment, the dates treated and the outcome of treatment.

Have you ever been hospitalized in an inpatient psychiatric unit? If yes please explain the reason for hospitalization, the dates treated and the outcome of treatment.

Are you currently or have you previously taken psychiatric medication? If yes, please explain.

Family psychiatric history:

Has anyone in your family been diagnosed or treated for the following:

Bipolar disorder Depression Anxiety Anger Suicide Schizophrenia
Post traumatic stress Alcohol abuse Other substance abuse Violence

Other:

If yes, who had each problem?

Substance use:

Have you ever been treated for alcohol or drug use or abuse? If yes, please explain.

How many days per week do you drink alcohol? How many drinks do you consume?

Have you ever felt like you should cut down on the amount you drink?

Do you use recreational drugs? If yes, which ones? How often?

Have you ever abused prescription medication? If yes, which ones and for how long?

Do you smoke cigarettes, pipe, cigars, use chewing tobacco or vape? If yes, how often?

Do you drink coffee or other caffeinated beverages? If yes, how many per day?

Self care:

Please describe your sleep patterns:

Please describe your diet:

Please describe your exercise regimen:

How much water do you drink daily?

How much time do you spend outside during the day?

How much time do you spend with friends? What do you do together?

Family background and childhood history:

Were you adopted? ()yes ()no If yes, at what age and from what region:

List your immediate family members, their ages and occupations:

Describe your relationship with your parents:

Describe your relationship with your siblings:

Do you have extended family that you are currently close to? If yes, please explain.

Did your parents divorce? ()yes ()no. If yes, how old were you when they divorced? How did it impact you?

How old were you when you left home? What was the reason for leaving?

Has anyone in your family died? If yes, please explain who, when and your relationship with them.

Trauma history:

Do you have a history of being abused physically, emotionally, sexually or by neglect? If yes, please explain when, where, and by whom.

Educational history:

Did you graduate from high school?

Did you go to college? If yes, please describe where, when and degree earned.

Are you currently enrolled in educational coursework? If yes, please explain.

Occupational history:

Are you currently working? If yes, please describe where you work, your occupation and for how long.

If you are employed do you like your job? Please explain.

If you are unemployed please describe how this impacts you.

Have you ever served in the military? If yes, please describe which branch and when.

Relationship history:

Are you currently married (), single (), partnered (), widowed (), divorced ()
For how long?

What is your spouse or significant other's occupation?

Describe your relationship with your spouse or significant other:

If married, have you had prior marriages? If yes, please explain.

Do you have children? If yes, please list name, age and gender for each:

Describe your relationship with your children:

Legal history:

Have you ever been arrested? If so, for what reason and what was the outcome of the arrest?

Do you have any pending legal problems? If yes, please explain.

Spiritual life:

Do you belong to a particular religion or spiritual group? ()yes ()no

If yes, what is your level of involvement?

Do you find your involvement helpful during difficult times? Please explain.

Strengths and liabilities:

What are your greatest strengths?

What do you not like or want to change about yourself?

When you are upset or stressed, how do you calm yourself?

Is there anything else you would like to share about yourself? If yes, please explain.