ADULT

INTAKE/PSYCHOSOCIAL ASSESSMENT

Name: _____ Date: _____ Referred by: _____

Date of Birth: _____ SSN: _____

Identifying Information (age, marital status, ethnicity, and sex) _____

1. Reason for Referral: (Why are you here? Describe problems, i.e., behavioral and/or situational changes, losses, major symptoms, recent conflict with family members/ others) _____

2. Background Information:

Place of Birth: _____

Parent's age and occupation: (If deceased, please include age, year, and cause of death)_____

Siblings: (Give names and ages of brothers and sisters) _____

Birth Order: (Which child were you; 1st, 2nd, etc.?)

_____

Current Marital/Relationship Status: _____Length of Marriage/Cohabitation: _____

Sexual Orientation _____ Number of Marriages/Significant relationships(explain):_____

Spouse/ Significant other employment status: _____

Children's names and ages: (Include step-children)

Current Living Arrangement/ With whom do you live and where? _____
_____

3. Family Psychiatric History: (History of ADHD, bipolar, depression, anxiety, schizophrenia, learning disorders, mental retardation, drug/alcohol abuse, attempted suicide, completed suicide, incarceration).
Your brothers or sisters, or your children: _____
Father and/or relatives: _____
Mother and/or relatives: _____

4. Educational History:
Elementary school: _____
Middle School: _____
High School: _____ Year Graduated: _____
College: _____GPA_____ Year Graduated:_____ Degree:_____
_____
Extracurricular Activities: (Clubs, sorority/fraternity, band) _____
_____
Describe Relationships with peers: (teased, bullied, well-liked, respected, etc.) _____
_____
Special Education Classes: Y ☐ N ☐ If yes, what type of class? _____
_____
Repeat a grade: Y ☐ N ☐ If yes, what grade?_____
Suspended: Y ☐ N ☐ Explain:_____
Expelled: Y ☐ N ☐ Explain:_____

If you did not complete high school, explain:_____
_____
Any problems before the age of 18 for the following: Fight with Teachers ☐ Use a Weapon ☐
Skip School ☐ Cruel to other children ☐ Stealing ☐ Member of a gang ☐
If checked, explain:_____
_____
_____

5. Employment History:

Military History: (Give Rank/Discharge/Duties/Years Discharged)_____
_____
Current Employment: _____ Position:_____
Length and duties: _____
Co-worker relations: _____
List previous employment, length, reason for change (termination), and co-worker relations: _____
_____
_____
_____
Have you ever received any of the following:
Social Security Benefits: Y ☐ N ☐ Explain:_____
Workers' Compensation: Y ☐ N ☐ Explain:_____
Personal Injury Benefits: Y ☐ N ☐ Explain:_____
Financial Problems (Any history of bankruptcy, foreclosure, etc.) _____
_____
_____

6. Legal History:

Any contact as a child or adolescent with: Youth Court Y ☐ N ☐ Training School Y ☐ N ☐
DHS Y N If yes to
above,explain:_____
_____

As an adult: Current Charges Y ☐ N ☐ Past Charges Y ☐ N ☐ DUI Y ☐ N ☐
If yes to above, give dates and charges: _____
_____
_____

7. Developmental/Medical History:

During your mother's pregnancy, labor, or delivery, were there problems? Y N
If yes, explain: _____
_____
History of physical/sexual/emotional abuse and/or neglect? (Include perpetrator, length of abuse, age of occurrence, and type) _____
_____
Did you have developmental delays? Any delays walking, talking, toileting? Y N
If yes, explain: _____
_____
Any major childhood illness, injuries, or surgeries? _____
_____

Any history of the following illnesses:

Diabetes	Heart Disease	Seizure	Arthritis	Ulcers
Glaucoma	Tuberculosis	Thyroid	Hypertension	IUV
Hepatitis	Seizures	STD's	Head Injuries	Car Accidents

Explain:_____

_____

Significant Surgery & Date(s):_____

_____

Date of Last Physical_____ Primary Care Physician: _____

Any current medical/physical problems: _____

Name of Medication	Dosage (amt. and frequency)	Purpose

Medication compliance Y ☐ N ☐ If no, explain _____

_____

8. Nutritional Screening: (Consult Registered Dietician if 3 or more "Y" responses)

Special Diet Y ☐ N ☐ Overweight Y ☐ N ☐ Underweight Y ☐ N ☐

Poor Appetite Y ☐ N ☐ Unintentional Weight Loss/ Gain Y ☐ N ☐ Binge/Purge Y ☐ N ☐

9. Psychiatric History:

Outpatient treatment/Name of Therapist:_____ Dates: _____

Psychiatrist (for medication):_____ Dates: _____

What medications have you taken in the past?_____

Have you ever been hospitalized for emotional or behavioral reasons? Y N If yes,, give the name of the hospital and the dates of treatment: _____

_____

_____

_____

Have you ever received psychological testing? If so, give the name of the psychologist and the reason and date of testing. _____

_____

10. Drug and Alcohol History:

Age of first **tobacco** use: _____ History of tobacco use: (frequency, duration(s), period(s) of abstinence) _____
_____
_____

How many packs a day do you smoke? _____

Age of first **alcohol** use:_____ History of alcohol use: (frequency, duration(s), period(s) of abstinence) _____
_____
_____

How many alcoholic drinks do you have in a day? _____

Age of first **illegal/prescription** drug use/abuse: _____ History of illegal drug use: (frequency, duration(s), period(s) of abstinence) _____
_____
_____
_____

Have you ever had any drug/alcohol treatment? If so, state where and when, and state if you completed treatment: _____
_____

11. Current Information and Daily Activities:

Any problems with hygiene and grooming: Y ☐ N ☐ If yes, explain_____
_____

Describe a typical day for you, from the time you get up in the morning until you go to bed at night. ____
_____
_____
_____

Describe your support system: Describe your relationships with friends, family, and peers (school, home and/or church): _____
_____
_____
_____
_____
_____

Are you involved in any group or community activities: (i.e., church, civic clubs, etc.) If so, where and how often? _____
_____
_____

What do you enjoy doing with your leisure time? (hobbies, sports, and interests) _____
_____
_____
_____

Additional Information: Is there anything that we did not ask that you need to tell us? _____
_____
_____
_____
_____

****STOP HERE****

Mental Status

Hygiene/grooming/posture: _____

Behavior:

☐ Calm ☐ Restless ☐ Fidgety ☐ Tremulous
☐ Motor Agitation ☐ Motor Retardation ☐ Hyperactivity ☐ Uncooperative
☐ Tics ☐ Poor Eye Contact ☐ Friendly/Cooperative

_____
_____

Speech:

Tone: ☐ Loud ☐ Normal ☐ Soft ☐ Slurred
Rate of Speech ☐ Rapid ☐ Normal ☐ Pressured ☐ Mumbled
☐ Articulation deficits ☐ Slow ☐ Expressive or receptive deficits

_____
_____

☐

Thought Processes:

☐ Coherent ☐ Incoherent ☐ Flight of Idea ☐ Thought Blocking
☐ Paucity of Ideas ☐ Overproductive ☐ Goal Directed ☐ Tangential
☐ Relevant ☐ Circumstantial ☐ Evasive ☐ Loosening of Associations
☐ Oriented X

_____

_____

☐

Affect:

☐ Normal ☐ Restricted ☐ Flat ☐ Blunted ☐ Irritable
☐ Suspicious ☐ Grandiose ☐ Sad ☐ Elevated ☐ Labile
☐ Angry ☐ Other _____

_____
_____

Mood:

☐ Depression ☐ Elation ☐ Euphoria ☐ Anxiety
☐ Fearfulness ☐ Withdrawal ☐ Isolation ☐ Angry
☐ Belligerence ☐ Incongruent ☐ Inappropriate ☐ Euthymic

_____
_____

Cycles of Mood Instability: _____
_____

History of manic behavior: _____
_____

Panic symptoms: _____
_____

Somatic:

☐ Pain ☐ Sleeping ☐ Eating ☐ Weight Change ☐ N/A

Suicidal History: _____
_____

Current Suicidal Ideation: _____
_____

Thought Content:

☐ Delusions ☐ Obsessions ☐ Phobias ☐ Suspicion ☐ N/A
☐ Ideas of Reference: ☐ Religious ☐ Persecutory ☐ Grandiose

_____
_____

Hallucinations:

☐ Visual ☐ Auditory ☐ Tactile ☐ Olfactory ☐ N/A

Give onset, frequency, and content _____
_____

Intellectual Level: ☐ Above Average ☐ Average ☐ Below Average