



SWANSON PSYCHOLOGY, INC.

A Psychological Corporation

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ADULT INTAKE QUESTIONNAIRE

Confidential: Please complete all sections as thoroughly as possible

PERSONAL INFORMATION

Today's Date: _____ Completed by (name and relationship to client): _____

Name: _____

Address: _____

Age: _____ Date of Birth: _____

Telephone: _____ Email Address: _____

Faith/Religion: _____ Marital Status: _____

Occupation: _____ Employer: _____

Employer Address: _____ Employer Telephone: _____

Highest Level of Education: _____ Referral Source: _____

Current Living Situation (with whom do you live?): _____

Children (name, age, relationship):

Marital history (marriages, separations, divorces):

PRESENTING CONCERNS

Please describe your reasons for seeking services and your primary concerns:

How long have these concerns been present?

PHYSICIAN

Physician Name: _____ Physician Telephone: _____

Physician Address: _____

Date of Last Visit: _____ Date of Last Physical Exam: _____

Physical health problems:

Current treatment/medications:

PREVIOUS TREATMENT

Previous Therapist: _____ Therapist Telephone: _____

Therapist Address: _____

Dates of Treatment: _____

Treatment Orientation(s) (e.g., CBT, psychodynamic): _____

Reason(s) for previous therapy:

Family history of psychological and/or mental illness:

Previous psychological or psychiatric diagnoses:

History of psychiatric hospitalizations (dates, facility, reason):

History of alcohol or substance use (past and present):

History of suicidal ideation, suicide attempts, or self-harm:

EMERGENCY CONTACTS

Emergency Contact 1

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email Address: _____

Emergency Contact 2

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email Address: _____