



**Adult Intake Form**

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Can Voicemail be left? \_\_\_\_\_

Insurance Name and ID Number \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Previous Hospitalizations: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

History of Suicidal thoughts: \_\_\_\_\_

Current Suicidal thoughts: \_\_\_\_\_

Drug use: \_\_\_\_\_

History of Head Injury(ies): \_\_\_\_\_

Did Client meet developmental milestones on time? \_\_\_\_\_



Doctor: \_\_\_\_\_

Last appt: \_\_\_\_\_

Food or Drug Allergies: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list the names and ages of individuals living in the home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Credit Card Information

Card number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVC: \_\_\_\_\_ Zip Code: \_\_\_\_\_ House number: \_\_\_\_\_

\_\_\_\_\_ Initial here indicating that you agree to pay your copay or full fee at the time of the session with the above card information. If you would like to use a different payment method you understand that you must inform counselor or office staff at the beginning of the session.

Check the following you/your child want to work on during treatment:

\_\_\_ Depression                      \_\_\_ Anxiety                      \_\_\_ Auditory Hallucinations

\_\_\_ Suicidal thoughts              \_\_\_ Panic Attacks              \_\_\_ Visual Hallucinations

\_\_\_ Homicidal thoughts              \_\_\_ Alcohol use              \_\_\_ Paranoia

313 South Ave, Suite 401, Springfield, MO 65806

T: [417-986-1898](tel:417-986-1898) • F: 417-823-9515 • E: [coralcounseling@gmail.com](mailto:coralcounseling@gmail.com) • W: [coralcounseling.com](http://coralcounseling.com)



- \_\_\_ Aggression
- \_\_\_ Drug Use
- \_\_\_ Obsessive thoughts
- \_\_\_ Eating Disorder
- \_\_\_ Traumatic Event
- \_\_\_ Compulsive Behavior
- \_\_\_ Weight
- \_\_\_ Anger outbursts
- \_\_\_ Bullying
- \_\_\_ Chronic Illness
- \_\_\_ Running away
- \_\_\_ Drug use (others)
- \_\_\_ Impulsive Behaviors
- \_\_\_ Parenting
- \_\_\_ Relationship Problems
- \_\_\_ Abuse History
- \_\_\_ Sex Problems
- \_\_\_ Sexual Orientation
- \_\_\_ Identity
- \_\_\_ Spiritual
- \_\_\_ Autism
- \_\_\_ Legal Problems
- \_\_\_ Fear/Phobia
- \_\_\_ Social Skills
- \_\_\_ Nightmares
- \_\_\_ Sleep
- \_\_\_ Appetite
- \_\_\_ Head Injury
- \_\_\_ Impulsive
- \_\_\_ Self Harm
- \_\_\_ Irritable
- \_\_\_ Domestic Violence
- \_\_\_ Harm to animals
- \_\_\_ Property Destruction
- \_\_\_ Hoarding
- \_\_\_ Grief

313 South Ave, Suite 401, Springfield, MO 65806

T: [417-986-1898](tel:417-986-1898) • F: 417-823-9515 • E: [coralcounseling@gmail.com](mailto:coralcounseling@gmail.com) • W: [coralcounseling.com](http://coralcounseling.com)