Intake Questionnaire – Adult Personal History

Counseling & Assessment Clinic (CAC)
Texas A&M University, MS 4225
College Station, TX 77843-4225

A. Identification

Today's Date: ____/ _____/ _____

Your Name: _____

Date of Birth: ____/ _____/ _____ Age: _____ Ethnicity: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____
With whom are you now living? _____
Marital Status (Circle): Single Married Separated Divorced Widowed Remarried

B. Referral: By whom were you referred to us? _____

C. Why have you come to the Counseling & Assessment Clinic today?

_____

_____

_____

_____

_____

_____

D. Your current employer: _____
Address: _____
Workplace: _____

E. Your education and training

Dates From:	To:	School	Special Classes	Adjustment to school	Did you graduate?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Were you ever in special education? (Circle) Yes No

If you are a student, what is your present academic classification? (Circle)
Freshman Sophomore Junior Senior Graduate Student Other: _____
Major: _____
Are you on academic probation? (Circle) Yes No

Do you currently receive assistance through the Office for Disability Services? (Circle) Yes No

F. Employment and military experiences

Date From:	To:	Name of employer or military	Job title or duties	Reason for leaving

G. Family - of origin - history

Relative	Name	Current age (or age of death)	Illnesses (or cause of death, if deceased)	Education & Occupation	Psychiatric or Learning Problems
Father					
Mother					
Stepparents					
Grandparents					
Uncles / Aunts					
Brothers					
Sisters					

H. Marital history

Spouse's name	Your age when divorced/widowed	Is spouse remarried?
First		
Second		
Third		

I. Children

Name	Age	Grade	School

J. Previous Treatment

1. Have you ever received psychological, psychiatric or counseling services before? (Circle) Yes No

If yes, please indicate:

When?	From whom?	For what?	With what results?

2. Have you ever taken medication for psychiatric or emotional problems? (Circle) Yes No

If yes, please indicate:

When ?	From whom?	Which medications	For What	With what results

_____ _____ _____ _____ _____
_____ _____ _____ _____ _____

K. Substance Use (Circle one)

1. How much beer, wine, or hard liquor do you consume each week, on the average?_____
   _____
2. Have you ever felt the need to cut down on your drinking? □ No □ Yes
3. Have you ever felt annoyed by criticism of your drinking? □ No □ Yes
4. Have you ever felt guilty about your drinking? □ No □ Yes
5. Have your ever taken a morning "eye- opener"? □ No □ Yes
6. How much tobacco do you smoke or chew each week? _____
7. Which drugs (not medications prescribed for you) have you used in the last 10 years?_____
   _____
   _____

L. Legal History

1. Are you presently in a legal dispute with another party that is related to your reason for seeking counseling? _____
   _____
   _____
2. Are there any other legal involvement I should know about? _____
   _____
   _____

M. Medical History:

Do you have any significant medical problems?

Explain:_____
_____
_____

Have you ever sustained a head injury? (circle) Yes No

N. Concerns:

What concern brought you to the clinic? Please read this checklist and check ONCE the items of concern to you. Please check TWICE those items which are of most concern to you and which you would like to discuss with counselors.

_____ Relationships with parents
_____ School grades
_____ Work
_____ Relationship with Spouse
_____ Eating problems
_____ Feelings of depression
_____ Social activities/involvement
_____ Headaches
_____ Self - Confidence
_____ Financial Stress
_____ Sleep problems
_____ Loneliness
_____ Relationship with girl/boyfriend
_____ Career and vocational issues
_____ Test anxiety
_____ Stress
_____ Dizziness/ Fainting spells
_____ Relationship with children
_____ Anger
_____ Friendships
_____ Sexual Matters
_____ Being assertive
_____ Suicidal thoughts
_____ Stomach problems
_____ Drug use
_____ Other _____