

ADULT COLLEGE INTAKE FORM

Client's Name: _____ Date of Birth: _____

REASON FOR REFERRAL

Describe the problems that are causing you difficulty at this time?

Please state when these problems first began.

In your opinion, what are your strengths?

FAMILY INFORMATION

Please list members of your family

<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Comments/Concerns</i>

Have any members of your family had **learning or school related problems**? Yes No

If yes, please explain: _____

Have any members of your family had **mental health concerns**? Yes No

If yes, please explain: _____

Have any members of your family received a diagnosis for **attention difficulties**? Yes No

If yes, please explain: _____

Have any members of your family had notable **medical problems or conditions**? Yes No

If yes, please explain: _____

Please describe any major stressors or events that you have experienced and that are affecting you at this time (e.g., death of family member, divorce, etc.).

MEDICAL AND MENTAL HEALTH INFORMATION

How is your overall health? Poor Fair Good Excellent

Please provide information on any health or medical difficulties you are having, including symptoms.

Do you see any medical specialists (e.g., psychiatrists, neurologists, etc.)? Yes No

If yes, list names of doctors and reason for seeing them. _____

Have you ever received a psychological or psychiatric evaluation? Yes No

If yes, list names of providers, dates of evaluation, and diagnoses received.

Have you ever received mental health or behavioral treatment? Yes No

If yes, name of providers, dates of service, and reasons for treatment (include any hospitalizations).

Have you experienced life stressors recently and/or in the past? Please provide dates.

List any medications you take on a regular basis

<i>Medication</i>	<i>Dosage</i>	<i>Reason for Medication</i>	<i>Side Effects</i>

SUBSTANCE USE/ABUSE INFORMATION

Do you drink alcoholic beverages? Yes No

If yes, what is the frequency of your drinking? 1-2 days/wk 3-6 days/wk daily binge

Please provide information on any concerns regarding your alcohol use.

Please provide a list of any illegal drugs you are using *now* or have used *in the past*, and describe the drug usage (amount, frequency, and method of administration).

EDUCATIONAL INFORMATION

<i>Name of School</i>	<i>City/State</i>	<i>Grade(s) Attended</i>	<i>Describe academic strengths & Weaknesses</i>

Best subject(s) in school: _____

Worst subject(s) in school: _____

Did you ever receive special education services in school (i.e. IEP, 504 Plan)? Yes No

If yes, please describe: _____

Describe your approach to studying (i.e. strategies used, challenges, etc.): _____

Please describe challenges that you are having at this time with the learning process (i.e. *recalling information, test-taking, organizing, planning, inattention, distraction, stress, processing information, etc.*).

LEGAL HISTORY

Were you ever arrested or had legal charges filed against you? Yes No

If yes, please explain: _____

Are you currently on probation or parole? Yes No

If yes, please explain: _____

Please describe strengths and weaknesses in regards to academic performance from elementary school to high school. In other words, what types of tasks were challenging (i.e. taking timed tests, completing projects, writing assignments, inattention, anxiety, depression etc.)

ADDITIONAL INFORMATION

Signature of
Patient/Guardian:

Date:
