Able Mediation and Counseling Services, Inc.

INDIVIDUAL ADULT INTAKE PACKET

***Patient's Name*:** _____ DOB: _____

Address (City, State and Zip):_____

Marital Status: _____ Male/Female: _____

Phone: H (____) _____W (____) _____ C (____) _____

Emergency contact (name and phone#)_____

On what Number may we leave a confidential message:

Home ❒ Cell❒ Work❒

OK to say AMSCI? Yes ❒No ❒

Employed: Yes ❒ No ❒ Occupation: _____

Employer's name and address: _____

_____

Heath and Medical Information

Primary Care Physician:_____ Phone: _____
Psychiatrist: _____ Phone: _____
Please list any medical problems:
_____
Please list any current medications:
_____

Are you required by a court of law to receive counseling as part of a legal proceeding? Yes ❒No ❒

Have you obtained services from TMCC before? Yes ❒No ❒If yes, when? _____

Symptom Assessment

Please give as accurate account as you can and if you have any questions or concerns, we invite you to discuss them with your counselor

I AM EXPERIENCING…	Seldom	Often	Always	Never	For How Long?
Frequent worry or tension					
Fear of many things					
Discomfort in social situations					
Feelings of guilt					
Phobias: unusual fears about specific things					
Panic Attacks: Sweating, trembling, shortness of breath, heart palpitations					
Recurring, distressing thoughts about a trauma					
"Flashbacks" as if reliving the traumatic event					
Avoiding people/places associated with trauma					
Nightmares about traumatic experience					

I AM FEELING…	Seldom	Often	Always	Never	For How Long?
Decreased interest in pleasurable activities					
Social Isolation, Loneliness					
Suicidal Thoughts					
Bereavement or Feelings of Loss					
Changes in sleep (too much or not enough)					
Normal, daily tasks require more effort					
Sad, hopeless about future					
Excessive feelings of guilt					
Low self-esteem					

I NOTICE…	Seldom	Often	Always	Never	For How Long?
I am Angry, Irritable, hostile					
I feel euphoric, energized and highly optimistic					
I have racing thoughts					
I need less sleep than usual					
I am more talkative					
My moods fluctuate: go up and down					

I HAVE…	Seldom	Often	Always	Never	For How Long?
Memory problems or trouble concentrating					
Trouble explaining myself to others					
Problems understanding what others tell me					
Intrusive or strange thoughts					
Obsessive Thoughts					
Been hearing voices when alone					
Problems with my speech					
Risk Taking behaviors					
Compulsive or repetitive behaviors					
Been acting without concern for consequence					
Been physically harming myself					
Been violent toward other(s)					

I USE THE FOLLOWING…	Seldom	Often	Always	Never	For How Long?
Alcohol					
Nicotine (Cigarettes)					
Marijuana					
Cocaine					
Opiates					
Sedatives					
Hallucinogens					
Stimulants					
Methamphetamines					

MY EATING INVOLVES…	Seldom	Often	Always	Never	For How Long?
Restriction of food consumption					
Bingeing and Purging					
Binge Eating					
A lot of weight loss or gain					

I HAVE…	Seldom	Often	Always	Never	For How Long?
Concern about my sexual function					
Discomfort engaging in sexual activity					
Questions about my sexual orientation					

MY EATING INVOLVES…	Seldom	Often	Always	Never	For How Long?
Restriction of food consumption					
Bingeing and Purging					
Binge Eating					
A lot of weight loss or gain					

PERSONAL AND FAMILY HISTORY

Have you ever been hospitalized for a psychiatric illness? Yes ❒No ❒

Has a close relative ever been hospitalized for a psychiatric illness? Yes ❒No ❒

Does anyone in your family have a mental illness? Yes ❒No ❒

Has anyone in your family every attempted or committed suicide? Yes ❒No ❒

Does anyone in your family have a substance abuse problem? Yes ❒No ❒

Have you ever been arrested? Yes ❒No ❒

1) How well you are doing on your job:

0 ❒ Not Working	1❒ Cannot Function	2❒	3❒ Serious Problems	4❒	5❒ Moderate Problems	6❒	7❒ Mild Problems	8❒	9❒ No Problems

2) How well you are doing in your marital/significant other relationship:

0 ❒ N/A	1❒ Cannot Function	2❒	3❒ Serious Problems	4❒	5❒ Moderate Problems	6❒	7❒ Mild Problems	8❒	9❒ No Problems

3) How well you are doing in your family relationships:

0 ❒ N/A	1❒ Cannot Function	2❒	3❒ Serious Problems	4❒	5❒ Moderate Problems	6❒	7❒ Mild Problems	8❒	9❒ No Problems

4) How well you are doing in relationships with people outside your family:

0 ❒ N/A	1❒ Cannot Function	2❒	3❒ Serious Problems	4❒	5❒ Moderate Problems	6❒	7❒ Mild Problems	8❒	9❒ No Problems

5) Please rate your current physical health:

0 ❒ Very Poor	1❒	2❒	3❒	4❒	5❒	6❒	7❒	8❒	9❒ Excellent

6) Please rate your general happiness and well-being:

0 ❒ Very Poor	1❒	2❒	3❒	4❒	5❒	6❒	7❒	8❒	9❒ Excellent

Have there been any significant stressors for the family: losses, births, deaths, moves, hospitalizations, financial problems, in the last several years?

_____

_____

_____

What attempts have been made to resolve the difficulties? _____

_____