

Revive Psychological Services

Adult Intake Form

Name: _____ D.O.B _____ Age _____

Address: _____ City: _____

Phone: (H) _____ (C) _____

E-Mail: _____

Preferred Communication Type: (Circle) Email or Phone

I am presently:

____ Single ____ Dating ____ Common Law

____ Married ____ Separated ____ Divorced ____ Widowed

If in a relationship, for how long? _____

Name of Spouse/ Partner: _____ Age _____

Children (if applicable):

Name	Age	Lives with	Name	Age	Lives with
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

People presently living with you:

Pets: _____

Employment History

If employed, current employer: _____ How long? _____

Present position _____

Level of satisfaction with job _____
1 ----- 10
(Not at All) (Very Satisfied)

If unemployed, previous employer: _____ How long? _____

Reason for ending employment: _____

Medical History

Name of current medical doctor: _____

Last check-up: _____

Results: _____

Do you have any medical conditions currently being treated?

Medications:

_____ for _____

_____ for _____

_____ for _____

Other Professional Contacts

Have you seen or are presently seeing: (Name)

Therapist/Counsellor: _____

Psychologist: _____

Psychiatrist: _____

Present or past diagnoses: _____

Family History

Please identify whether you or anyone in your family has a history of:

	Self	Which Family Member ?
Alcohol/ Drug Abuse		
Depression/ Anxiety		
Bipolar Disorder		
Schizophrenia		
Criminal Behaviour		
Other Mental Health Issues/ Brain Injuries/ Concussions		

Substance Use

Alcohol use per week (# of drinks): _____

Non-Prescription Drug Use: Drug _____ Amount _____

Purpose of Usage: _____

Vitamins of Nutraceuticals: _____

Is there presently or in the past been any negative legal, health, or relational consequences related to drug or alcohol usage? _____ (Yes/No)

If yes, what? _____

Education

Highest Grade Achieved: _____

Briefly describe your school experience (friends/challenges/bullying etc):

Religious/ Spirituality

Do you consider yourself or identify as a religious person? (Yes/No) _____

Were you raised in any specific religious belief systems? If yes, what? _____

What are your present belief systems regarding religion or spirituality?

Have there been any recent significant events or stressors in your life? (ie. death/loss, financial pressures, job stress or change, medical issues, relationship issues etc.) If so please list.

Spouse/Partner (If Applicable)

Employer: _____ Position: _____

Level of satisfaction (1-10) _____

If not employed, is this an agreed upon arrangement? _____

Relationships

How would you rate your overall level of satisfaction in this relationship?

1 ----- 10
(Not at All) (Very Satisfied) _____

What are strengths in the relationship? _____

What are some areas that need help in the relationship? _____

Treatment Goals

What would be some goals that you would like to achieve in treatment?

Would you like to be on the email list for Craig's recommended videos? (Yes / No)

Thank You!