



558 Maple Ave. Suite 5,
Cheshire, CT. 06410
p. 203.489.6993
f. 844.640.2887
laura@touchpointslc.com
www.touchpointslc.com

Adult Intake Form

GENERAL INFORMATION

Name: _____ Date of First Visit: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

For confidentiality, when and where do you prefer to be reached? _____

May we text you? _____ May we email you? _____

**** Please note: Email and text messaging are not considered to be confidential mediums of communication.**

Gender: _____ Age _____

Date of Birth: _____ Occupation: _____

Employer: _____ How Long: _____

Ethnicity:

____ African American ____ Bi-racial ____ Hispanic/Latin
____ Asian ____ Caucasian ____ Native American Other _____

Education Level:

____ 8th grade or below ____ High School ____ GED
____ Trade School/Some College ____ Undergraduate Degree ____ Graduate Degree

FAMILY HISTORY

Current living arrangements:

____ Family of origin ____ Single ____ Spouse/Partner ____ Roommate ____ Other

Marital Status (indicate all that apply and duration of each, ex. 1965-1985):

____ Never married ____ Currently married ____ Divorced ____ Widowed

Marital History

____ Number of Marriages ____ Number of Divorces

List your current household and include anyone currently living with you:

Primary Household (anyone who currently lives in your household)

How long in this current living situation: _____

| Name | Age | Gender | Relationship to you |
|-------|-------|--------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TREATMENT HISTORY

Are you presently receiving counseling elsewhere? Yes No

(If yes, do not complete this form until you have talked with us)

Have you ever seen a mental health professional (psychiatrist, psychologist, or a counselor)? Yes No

(If so, we will need your permission in order to communicate with that individual or agency)

Previous Mental Health Professional/Agency: _____

Phone: _____ Dates of Service: _____

Have you ever been hospitalized for mental health concerns? Yes No

HEALTH

When was your last complete physical: _____

Physical Disability: Yes No (If yes, explain) _____

Chronic Illness: Yes No (If yes, explain) _____

Terminal Illness: Yes No (If yes, explain) _____

Please list any mental health diagnoses you have received past and present.

Diagnoses _____ Medication _____

Diagnoses _____ Medication _____

Diagnoses _____ Medication _____

Please list any other medication(s) are you currently taking? Include dosage and the reason for taking it.

CURRENT CONCERNS

Please check any items you find troubling at this time. Circle those most significant.

- | | | |
|--------------------------------|-----------------------|------------------------------|
| Problems Related to Abuse | Work/School Problems | Stress management |
| Current or past physical abuse | Learning difficulties | Family Relationship Concerns |
| Current or past sexual abuse | Problems with peers | Sibling concerns |

| | | |
|--|--|---------------------------------|
| Current or past emotional abuse | Problems with authority figures | Marital concerns |
| Current or past neglect | Problems with employees | Time Management |
| History of abandonment | Parent-child relationship problems | Divorce/Separation |
| Suspected sexual abuse | Difficulty adjusting to family changes | Grief/ Loss |
| Current or past family domestic violence | Feelings of guilt and shame | Religious/Spiritual Concerns |
| Mood-related Concerns | Sadness | Current or past spiritual abuse |
| Disturbing memories | Depression | Recent change in beliefs |
| Difficulty going to sleep/staying asleep | Excessive worrying | Outbursts of anger |
| Nightmares/night terrors | Aggression toward others | Gender identity concerns |
| Suicidal ideation | Drug/alcohol use | Intentionally hurting others |
| Behavior Concerns | Inappropriate sexual behavior | |
| Other unusual behaviors (please specify) | | |

When did you first become concerned about the main/most significant issue? _____

How have you attempted before now to deal with this issue? _____

Thank you for taking the time to fill out this detailed intake form.

Looking forward in working together soon.

Touch-Points, LLC ~ Laura L. Langston, LMFT, RPT