



## Children's Neuropsychological Services, PLLC

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### ADULT INTAKE FORM

#### GENERAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/Town State Zip Code

Primary phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_

Sex at birth: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Spouse or Partner's Name (if applicable): \_\_\_\_\_

Who referred you to our practice: \_\_\_\_\_

What are the main reasons you are seeking this evaluation or treatment?

When did these problems first start? Have they remained the same, changed, worsened or improved over time?

What do you hope to get out of this evaluation or treatment?

**HEALTH & MENTAL HEALTH INFORMATION**

Primary care Physician: \_\_\_\_\_

Do you currently have any medical problems? Describe:

Did you have any developmental problems growing up (speech, fine motor, gross motor, language)?

Please list current prescription medications with dosage (psychiatric and general health):

Have you ever been treated for any of the following (Put an "X" next to all that apply)?

- Head Injury       Heart disease       Stroke       Cancer
- Diabetes/Kidney       Seizures       Allergies       Neurologic conditions
- Chronic fatigue       Fainting       Headaches       Loss of consciousness
- Neurologic conditions \_\_\_\_\_
- Other medical conditions: \_\_\_\_\_

Have you previously seen a therapist or psychiatrist? If so when? \_\_\_\_\_

Who did you see? \_\_\_\_\_ Reason? \_\_\_\_\_

Was the experience helpful? How so? \_\_\_\_\_

Have you ever been hospitalized for medical or mental illness? If so, list when, where, & reason:

\_\_\_\_\_

Do you drink alcohol or use recreational drugs? If so, what kind and how often:

\_\_\_\_\_

Do you or anyone close to you consider your use to be a problem? \_\_\_\_\_

Are any of the following current problems for you (Put an "X" next to all that apply)?

Eating disorder     Physical problems     Job/School     Social relationships  
 Sleep problems     Sexual problems     Depression     Legal problems  
 Family conflicts     Anxiety     Trauma     Alcohol/substance abuse

Have you experienced any unusually severe stressors during the last year? If so, describe:

### **YOUR FAMILY GROWING UP**

	<b>Mother</b>	<b>Father</b>
Highest level of education:	_____	_____
Occupation:	_____	_____
Were you adopted? _____ At what age? _____		

If so, please write any relevant information about your biological parents:

Please list all of your siblings age, sex, highest level of education, and occupation in the order of birth:

### **YOURSELF**

Are you:     Right Handed     Left Handed     Ambidextrous

What was the highest grade of education you completed? \_\_\_\_\_

When you were a child, did you struggle with any of the following (Put an "X" next to all that apply):

\_\_\_\_\_ Learning Disabilities

\_\_\_\_\_ Motor tics or Vocal tics

\_\_\_\_\_ Hyperactivity

\_\_\_\_\_ Eating Disorders

\_\_\_\_\_ School fears

\_\_\_\_\_ Teasing/Bullying

### **FAMILY MENTAL HEALTH HISTORY**

Please indicate if any members of your family and extended family have a history of the following (Put an "X" next to all that apply). Please also indicate the family member's relationship to you (to the right).

\_\_\_\_\_ Anxiety (General)

\_\_\_\_\_

\_\_\_\_\_ Tic/Tourette Syndrome

\_\_\_\_\_

\_\_\_\_\_ Depression

\_\_\_\_\_

\_\_\_\_\_ Obsessive Compulsive Disorder

\_\_\_\_\_

\_\_\_\_\_ Alcoholism

\_\_\_\_\_

\_\_\_\_\_ Bipolar/Manic Depressive

\_\_\_\_\_

\_\_\_\_\_ Substance Abuse

\_\_\_\_\_

\_\_\_\_\_ Domestic Violence

\_\_\_\_\_

\_\_\_\_\_ Eating Disorders

\_\_\_\_\_

\_\_\_\_\_ Schizophrenia

\_\_\_\_\_

\_\_\_\_\_ Other relevant condition

\_\_\_\_\_

### **DAILY LIFE AND RELATIONSHIPS**

Are you currently married? \_\_\_\_\_

How long? \_\_\_\_\_

Are you currently partnered/in a romantic relationship? \_\_\_\_\_

How long? \_\_\_\_\_

Are you currently separated or divorced? \_\_\_\_\_

How long? \_\_\_\_\_

Please describe your social relationships. Do you have friends and/or extended family? Go out for fun? Socialize? Whom can you turn to for emotional and other forms of support?

Please list your biological, adopted and/or stepchildren, as well as their current age, school grade, sex and whether or not they live with you (if applicable):

Occupation: \_\_\_\_\_ Full time or Part time \_\_\_\_\_

Are you currently a student? If yes, list where: \_\_\_\_\_

What are some of your interests & activities?

Is there any other information you would like to add?