

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: _____ Gender: _____ 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

	Mother	Father
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?