

File #

INTAKE EVALUATION

Name _____

Date _____

Address _____

Tel# (home) _____

Maiden Name _____

Tel# (work) _____

Referral Source _____

DOB _____ Age _____

SS# _____

Marital Status _____

Alternate Contact

Religion _____

Phone #

Relationship _____

Evaluation Dates _____

Employer

Insurance Carrier _____

Ins/ Mcaid # _____

Subscriber Name _____

Previous treatment (Practitioner or service, and dates of treatment)

Outpatient Alcohol

Inpatient Alcohol

Psychiatric

Collateral family members

Yes _____

No _____

Names

Relationship

Contact

#

1. Presenting Problem

File #

HEALTH STATUS

1. Are you experiencing any current health problems?

2. Current Physician

3. Current prescribed medications/ over the counter:

Name	Dose	Frequency	Name of Prescribing Physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Please list any hospitalizations/ trauma / surgery/ accidents; include dates of treatment;

5. Family health history (biological: parents, sisters, brothers)

Client	Family	Client	Family
_____	_____ Heart disease	_____	_____ Liver disease
_____	_____ Diabetes/Hypoglycemia	_____	_____ Lung disease
_____	_____ High/Low blood pressure	_____	_____ Blood disorder
_____	_____ Eating disorder	_____	_____ Substance abuse
_____	_____ Cancer	_____	_____ Mental Illness

Describe

6. Current Mental Status

Please indicate if you have problems with any of the following:

_____ Vision	_____ Mouth pain/ toothache	_____ Skin
_____ Hearing	_____ Gastrointestinal	_____ Speech
_____ Headaches	_____ Back	_____ Mobility

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7. What is your current pattern of alcohol or substance use (indicate each specific substance individually)

8. If this is different than your past usage, then what had been the past usage?

9. How do you generally handle stressors in your life?

FAMILY OF ORIGIN AND DEVELOPMENT HISTORY

1. Family structure, sibling order, etc.
Family roles, child rearing, disciplinary, religious values and beliefs
Family history of substance abuse and/or mental illness
