POSITIVE INTERVENTION PROBLEM SOLVING

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INTAKE FORM

Please take your time in providing the following information. The questions are designed to help me begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

CLIENT NAME:	DOB:
PARENT (if minor):	TODAY'S DATE:
ADDRESS:	CELL PHONE:
EMAIL ADDRESS:	HOME PHONE:
How do you prefer to be contacted? ☐ text me ☐ call my cell phone ☐ call my home phone ☐ email me	
How did you find us?: ☐ family/friend: ☐ health professional: ☐website at pipsforautism.com ☐Psychology Today website ☐ other:	

FAMILY BACKGROUND

MINOR CLIENT: Who lives in the child's primary household?

☐ mother ☐ father ☐ stepmother ☐stepfather ☐ foster mother ☐ foster father ☐ foster siblings
☐ sisters (ages:) ☐ brothers (ages:) ☐ step/half-sisters (ages:) ☐ step/half-brothers (ages:)
☐ others in the household (list any grandparents, family members, friends, or any others who live in the home):

If the child lives in more than one household, who lives in the secondary household?

☐ mother ☐ father ☐ stepmother ☐stepfather ☐ foster mother ☐ foster father ☐ foster siblings
☐ sisters (ages:) ☐ brothers (ages:) ☐ step/half-sisters (ages:) ☐ step/half-brothers (ages:)
☐ others in the household (list any grandparents, family members, friends, or any others who live in the home):

If the child lives in two households, how much time does the child live with each parent?
Are the custodial terms ☐agreeable to both parents or ☐ in dispute?
Briefly describe dispute:

ADULT CLIENT: What is your current living arrangement?

☐ live alone ☐live with spouse or partner ☐live with roommate(s) ☐ live with parent(s) or family member(s)
☐ other: (describe)

On a scale of 1 to 5, with 1 being TERRIBLE and 5 being GREAT, how satisfied are you with your present living arrangement?

☐1	☐2	☐3	☐4	☐5
TERRIBLE!	PRETTY BAD	OK	PRETTY GOOD	GREAT!

If you could change one thing to make your present living arrangement better, what would it be?

If you have children, how many, and what are their ages?
Do they live with you, and if not, how often do you see them?

When you were growing up, who did you live with?

☐ mother ☐ father ☐ stepmother ☐stepfather ☐ foster mother ☐ foster father ☐ foster siblings
☐ older sisters (#) ☐ younger sisters (#) ☐ older brothers (#) ☐ younger brothers (#) ☐ others:

On a scale of 1 to 5, with 1 being TERRIBLE and 5 being GREAT, how would you describe your youth/childhood?

☐1	☐2	☐3	☐4	☐5
TERRIBLE!	PRETTY BAD	OK	PRETTY GOOD	GREAT!

HEALTH BACKGROUND

Have you, or any immediate family members, been diagnosed with any of the following conditions or experienced significant symptoms related to these conditions? Please check as many as apply and check who: Self or Immediate Family Member.		
CONDITION	CHECK ONE	CLIENT &/OR IMMEDIATE FAMILY MEMBER (list relationship)
Abuse ☐ physical ☐ sexual	☐ YES ☐ NO	☐ Self ☐ Family:
ADD / ADHD	☐ YES ☐ NO	☐ Self ☐ Family:
Alcohol / Substance Abuse	☐ YES ☐ NO	☐ Self ☐ Family:
Anxiety	☐ YES ☐ NO	☐ Self ☐ Family:
Asperger's	☐ YES ☐ NO	☐ Self ☐ Family:
Autism Spectrum Disorder	☐ YES ☐ NO	☐ Self ☐ Family:
Behavior Difficulties	☐ YES ☐ NO	☐ Self ☐ Family:
Bi-Polar	☐ YES ☐ NO	☐ Self ☐ Family:
Depression	☐ YES ☐ NO	☐ Self ☐ Family:
Domestic Violence	☐ YES ☐ NO	☐ Self ☐ Family:
Eating Difficulties	☐ YES ☐ NO	☐ Self ☐ Family:
Emotional Difficulties	☐ YES ☐ NO	☐ Self ☐ Family:
Learning Difficulties	☐ YES ☐ NO	☐ Self ☐ Family:
Obsessive-Compulsive Behaviors	☐ YES ☐ NO	☐ Self ☐ Family:
Schizophrenia	☐ YES ☐ NO	☐ Self ☐ Family:
Sleep Difficulties	☐ YES ☐ NO	☐ Self ☐ Family:
Suicide Attempts	☐ YES ☐ NO	☐ Self ☐ Family:
Other:	☐ YES ☐ NO	☐ Self ☐ Family:
Other:	☐ YES ☐ NO	☐ Self ☐ Family:
Other:	☐ YES ☐ NO	☐ Self ☐ Family:

RELEVANT MEDICATIONS (List only those that relate to your current reason for seeking counseling/consultation.)

What medications are you currently taking, for how long, and why, or for what symptoms? (OPTIONAL, only if relevant)		
Current Medications:	Year began taking this:	Reason / Symptoms the medication addresses:

Are you generally satisfied with your current course of medications? If not, why not?

What medications have you taken in the past, for how long, and why, or for what symptoms? (OPTIONAL, only if relevant)		
Previous Medications:	Dates you took these:	Reason / Symptoms the medication was to address:

What was the reason each medication was discontinued?

RELATIONSHIP STATUS (adult clients or teens)

What is your current relationship status?				
☐ Single	☐ Married	☐ Living with a Domestic Partner	☐ Serious Relationship, Not Living Together	
☐ Separated	☐ Divorced	☐ Widowed	☐ Have a Boyfriend or ☐ Girlfriend	
If in a relationship, what is your partner's first name?			How long have you been together?	
On a scale of 1 to 5, with 1 being TERRIBLE and 5 being GREAT, how would you rate the quality of this relationship?				
☐1	☐2	☐3	☐4	☐5
TERRIBLE!	PRETTY BAD	OK	PRETTY GOOD	GREAT!
If you could change one thing in your current relationship, what would it be?				
Did a previous serious relationship end in ☐ divorce? (year:) ☐ break-up? (year:) ☐ death of partner? (year:)				
Looking back over that entire relationship, how would you rate the quality of your previous serious relationship on a scale of 1 to 5?				
☐1	☐2	☐3	☐4	☐5
TERRIBLE!	PRETTY BAD	OK	PRETTY GOOD	GREAT!

WORK STATUS (adult clients or working teens)

If employed, what is your position?	Who do you work for? (your employer)	How long have you worked here?
On a scale of 1 to 5, how satisfied are you with your current work situation?		
☐1 TERRIBLE!	☐2 PRETTY BAD	☐3 OK ☐4 PRETTY GOOD ☐5 GREAT!
If you could change 1 thing about your current job, what would it be?		
If unemployed, what was your last job?	Who did you work for?	How long did you work there?
Why did you leave that position?		
Looking back on your time in that job, how satisfied were you with your past work situation, on a scale of 1 to 5?		
☐1 TERRIBLE!	☐2 PRETTY BAD	☐3 OK ☐4 PRETTY GOOD ☐5 GREAT!

SCHOOL STATUS (students)

School:	Grade:
Do you receive special ed. services? ☐ IEP ☐ 504 ☐ Disabled Students Services ☐ Informal/tutoring	
How satisfied are you with your school situation, on a scale of 1 to 5?	
☐1 TERRIBLE! ☐2 PRETTY BAD ☐3 OK ☐4 PRETTY GOOD ☐5 GREAT!	

REASON FOR SEEKING SERVICES:

Briefly, what brings you here?
In the last 6 months, have you experienced significant ☐ anxiety ☐ depression ☐ loss ☐ trauma ☐ stress
Any recent major life changes, either positive or negative (marriage, birth, death of loved one, change in job/school, other)?
Describe briefly:
What do you hope to accomplish during our time together?

Thank you for taking the time to give me this information.

It will help me to know you better so we can get right to work on your personal goals.