



INTAKE FORM - ADULT

Date: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Home:(____)_____ Cell:(____)_____ Work:(____)_____

Email Address: _____

May we leave messages identifying our agency? yes (at home) yes (at work) yes (on cell) no

Marital Status: Single Married Other Employer: _____

Name & Phone # of Emergency Contact: _____

Responsible Party: _____ Insurance Carrier: _____

Primary Insured's Name: _____ Date of Birth: _____

Primary Insured's Address: _____

Primary Insured's Phone: (____)_____

NOTE: If insurance is to be filed, all standard billing rates must apply. New Hope Counseling will file insurance claims on client's behalf.

Over the last 2 weeks, how often have you been bothered by the following?	Not at all	Some Days	More than half the days	Most every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or let your family down	0	1	2	3
7. Trouble concentrating on things like reading the newspaper or watching TV	0	1	2	3
8. Moving or speaking slowly that people have noticed	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
10. Feeling nervous, anxious or on edge	0	1	2	3
11. Not being able to sleep or control worrying	0	1	2	3
12. Worrying too much about different things	0	1	2	3
13. Trouble relaxing	0	1	2	3
14. Being so restless that it is hard to sit still	0	1	2	3
15. Becoming easily annoyed or irritable	0	1	2	3
16. Feeling afraid, as if something awful might happen	0	1	2	3

Column Totals Questions 1 - 9 _____

Column Totals Questions 10 - 16 _____

Based on the above challenges, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? *Not difficult at all Somewhat difficult Very difficult Extremely difficult*