

Dan Harold, LCSW, CADC I

Adult Information Form

Date:

Name:

DOB:

Gender:

Phone:

Address:

Please Circle the Following Symptoms/Concerns:

Decreased Energy

Sad Mood

Forgetful

Obsessive Thinking

Increased Appetite

Inattention

Decreased Sleep

Decreased Appetite

Easily Angered

Difficulty w/ work

Difficulty w/Organization

Restless

Easily Distracted

Unable to Concentrate

Racing Thoughts

Pressured Speech

Exposure to Traumatic Event

Irritable

Difficulty Concentrating

Addiction Concerns

Recent Move

Family Conflict

Trouble at work

Arguing w/Others

Losing Temper

Financial Stress

Excessive Worry

Fearful of Being Alone

Chronic Pain

Alcohol Issues

Substance Use Concerns

Narcotics Issues

Decreased sex drive

Decrease Interest in Activities

Feelings of Worthlessness

Fatigue

Feeling Hopelessness

Panic Attacks

Excessive Fears

Other Addictions

Anxious

History of Trauma

Family Information

Home Address:

Home Phone: _____

Others living in home (Please include Name/Age/Relationship):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Additional Reasons For Seeking Counseling

If needed, Please provide a brief description of your concerns:

Counseling History

Have you sought counseling previously?

If yes, dates of service(s):

Where did you receive those services:

Have you ever been hospitalized for mental health reasons?

If yes, dates and reasons for hospitalization(s):

Medical Information

Primary Care Physician:

Phone:

Address:

Current Medications:

Date of Last Physical Exam:

Are there any medical concerns?

Significant medical history (illnesses, accidents, etc.):

Were there any developmental concerns for you during the first 3 years of your life?

Additional Information

Please add any additional information that would be helpful to know in serving you:

Emergency Contact Information

Name: _____ Phone:

Name: _____ Phone:

INSURANCE

Do you plan to use Insurance for billing? YES NO

If yes, please include the account information below:

INSURANCE PLAN NAME: _____

INSURANCE PLAN #: _____

Please tell me anything at all that I am not asking for, that you think would help me in my work with you. Use the space below as needed: