Maddisen Espeseth, PsyD • Licensed Clinical Psychologist (License Number: PSY32949)
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Intake Form for Adult Clients

Client Name:

Today's Date:

Please complete the following form. If a section is irrelevant or you feel uncomfortable filling it out, please just draw a slash ("/") or write, "NA." If you are uncertain regarding the answer to a section, please just write a question mark ("?").

Your Information	
Date of Birth	
Gender	
Address	
Phone Number	
May I leave a message at this number?	Yes No
Ethnicity/Cultural Origin	
Sexual Orientation	
Religious or Spiritual Affiliation	
Other Cultural Considerations	

Legal Guardian #1 Information	
Name	
Date of Birth	
Ethnicity/Cultural Origin	
Sexual Orientation	
Religious or Spiritual Affiliation	
Other Cultural Considerations	
Relation to You (please circle)	Biological Mother/Father Adoptive Mother/Father Foster Mother/Father Step-Mother/Father Other
Occupation	
Medical Diagnosis/Diagnoses	
Mental Health Diagnosis/Diagnoses	
Past or Present Drug or Alcohol Abuse	Yes No

Legal Guardian #2 Information	
Name	
Date of Birth	
Ethnicity/Cultural Origin	
Sexual Orientation	
Religious or Spiritual Affiliation	
Other Cultural Considerations	
Relation to You (please circle)	Biological Father/Mother Adoptive Father/Mother Foster Father/Mother Step-Father/Mother Other
Occupation	
Medical Diagnosis/Diagnoses	
Mental Health Diagnosis/Diagnoses	
Past or Present Drug or Alcohol Abuse	Yes No

Your Medical Health Information	
Medical Diagnosis/Diagnoses (such as asthma, allergies, epilepsy, diabetes, etc; please describe)	
Past or Present Injury (please describe)	
Date(s) of Injury	
Past or Present Surgeries (please describe)	
Date(s) of Surgeries	
Have you been hospitalized for medical reasons?	Yes No
Date(s) of Medical Hospitalization	
Reason for Medical Hospitalization	

Past or Present Head Trauma/Injury (please describe)		
Date(s) of Head Trauma/Injury		
Past or Present Loss of Consciousness	Yes	No
Date(s) of Loss of Consciousness		
Any Other Medical Trauma (please describe)		
Hearing Difficulties	Yes	No
Vision Difficulties	Yes	No
Present Medication (please include dosage)		
Reason for Present Medication		
Start Date of Present Medication		
Present Medication Prescriber		
Past Medication (please include dosage AND dates)		
Reason for Past Medication		
Past Medication Prescriber		
Primary Physician Name		
Primary Physician Address		

Primary Physician Phone Number		
Past or Present Drug Use	Yes	No
Past or Present Alcohol Use	Yes	No
Past or Present Drug Rehabilitation Services	Yes	No
Past or Present Speech Therapy	Yes	No
Past or Present Occupational Therapy	Yes	No
Past or Present Physical Therapy	Yes	No
Other Medical Treatment (please describe)		

Your Mental Health Information	
Past Mental Health Diagnosis/Diagnoses	
Reason for Seeking Mental Health Services in the Past	
Start Date of Past Mental Health Services	
End Date of Past Mental Health Services	
Past Mental Health Provider Name	
Reason for Ending Mental Health Services	

Past Psychiatric Hospitalization	Yes	No
Date(s) of Psychiatric Hospitalization		
Reason for Psychiatric Hospitalization		
Have you completed psychological testing/assessment in the past?	Yes	No
Dates of Psychological Testing/Assessment		
Reason for Psychological Testing/Assessment		
Name of Psychological Testing/Assessment Evaluator		
Outcome of Psychological Testing/Assessment		

Please explain your reason for seeking psychotherapeutic services at this time.

When did the problem(s) start?

Is there a history of psychological or developmental disorders in your family (Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Schizophrenia, etc.)? If so, please describe.

Is there a history of drug or alcohol abuse in your family? If so, please describe.

Are you experiencing suicidal ideation? If so, please describe.

Are you experiencing homicidal ideation? If so, please describe.

Do you self-harm (cut, burn, pick, choke, etc.)? If so, please describe.

Are you seeing or hearing things that others do not? If so, please describe.

Did you experience abuse or neglect as a child? If so, please describe.

Are you **currently** experiencing abuse or neglect? If so, please describe.

Have you engaged in physically aggressive or assaultive acts? If so, please describe.

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Your Developmental Information	
Complications at Birth (please describe)	
Developmental Concerns or Delays (please describe)	
Age of First Smile	
Age of First Roll Over	
Age First Sat Unassisted	
Age Began Pointing to Desired Objects	
If breastfed, at what age did breastfeeding end?	
Age First Bottlefed	
Age Bottlefeeding Ended	
First Teeth	
Age First Slept Through the Night (6 Hours)	
Age First Recognized Immediate Family	
Age First Recognized Extended Family	
Age First Began to Crawl	
Age First Started Feeding Self	
Age First Started Pulling Self Up to Stand	
Age First Started Walking	
Age First Started Running	
Age Spoke First Words	
Language of First Words (i.e. Spanish, English, etc.)	
Age Spoke Full Sentences	
Age Acquired Second Language	
Age Entered Daycare	
Age Entered School (i.e. preschool or kindergarten)	
Who typically cared for/babysat you prior to entering daycare or school?	

Age Potty Trained (Urination)	
Age Potty Trained (Defecation)	

Your Family Information	
Biological Sibling Name (s) and Dates(s) of Birth	
Half-Sibling Name(s) and Date(s) of Birth	
Step-Sibling Name(s) and Date(s) of Birth	
Step-Mother(s) Name(s) and Date(s) of Birth (if not legal guardian)	
Step-Father(s) Name(s) and Date(s) of Birth (if not legal guardian)	
Who are your residing with?	

Your Social Information	
Age First Began Developing Friends	
Initial Reaction to Peers Upon Entering School (please describe)	

Friend Status in Elementary School (please describe; i.e. frequently alone, 2-3 friends, various changes, etc.)	
Friend Status in Middle School	
Friend Status in High School	
Friend Status in College	
Current Friend Status	

Have you ever been bullied? If so, please describe.		
Have you ever bullied someone else? If so, please describe.		
Age First Began Demonstrating Romantic Interests		
Age First Began Dating		
Current Romantic Status (i.e. single, dating, married, etc.)		
Age Came Out as LGBTQ+ (if relevant)		
If you identify with the LGBTQ+ community, who is aware of your sexual orientation and/or gender identity?		
If you identify with the LGBTQ+ community, who did you first inform and how did the situation go?		
Have you ever experienced domestic violence?	Yes	No
Date(s) of Domestic Violence		

Your Employment Information	
Employment Status (i.e. unemployed, full-time, part-time, etc.)	
Employer	
Past Employers and Dates of Employment	

Your School Information		
Present School Name (if relevant)		
Academic Status (i.e. second year undergraduate, first year master's, etc.)		
Highest Education Attained Thus Far		
Were you ever retained ('held back') a grade? If so, what grade?		
Have you ever been assessed for an Individualized Education Program (IEP) or 504 Plan?	Yes	No
Did you qualify for an IEP or 504 Plan?	Yes	No
Reason for IEP or 504 Plan		
Have you ever been tested for giftedness?	Yes	No
Did you qualify and enroll in a gifted program?	Yes	No
Undergraduate College School Name (if relevant)		
High School Name		
Middle School Name		
Elementary School Name		

Your Legal Information		
Incarcerations (please describe)		
Crime Involvement (please describe)		
Past or Present Probation	Yes	No
Dates of Probation		
Reason for Probation		
Present Probation Officer Name		
Present Probation Officer Phone Number		
Past Probation Officer Name		
Past Probation Officer Phone Number		
Gang Involvement	Yes	No
Conservatorship	Yes	No
Conservator's Name		