Daniel M Zimet, Ph.D. LLC
10801 Hickory Ridge Rd #220
Columbia, Maryland 21044

Intake Questionnaire - Adult

Name ____ *Date* __________________________

Street address ____ *Date of Birth* ___________________

City/state/zip ____ *Age* ______ *Gender* ______________

*Phone # (H)*________________________ *(C)*__________________________ *(W)*__________________________

Email ____ *Preferred means of contact* ________________

Employer/School ____

Emergency contact name: __________________________________ *Phone #:* _____________________________

1. Please provide a brief statement explaining why you have scheduled this appointment:

2. How would you like your life to be improved by coming to therapy?

3. Please identify by name if there is someone other than yourself (e.g., court, spouse, parent) who has requested or required that you attend therapy:

4. If you attended therapy/counseling in the past, when did you attend, who did you see, and for what reason(s)?

5. Are you currently receiving treatment for a *medical condition*? Yes _____ No _____

If yes, what condition(s)? ____

6. Have you been hospitalized for psychiatric reasons? Yes (year[s])? _______________ No _____

7. Please indicate all the *psychiatric medications* you are currently prescribed: None _________

Name of Medication	Dose	Purpose of this medication

8. Please indicate all the *non-psychiatric* medications you take at this time: None _________

Name of Medication	Dose	Purpose of this medication

9. Please identify by name and phone # all the providers you currently work with:
(e.g., Primary Care Physician, Specialists, Psychiatrist):

Name of Provider & Specialty	Phone Number

10. Please indicate with a 'check' those issues concerning you; please 'X' more severe problem(s):

O Depression – sad, unhappy
O Anxiety – nervous, worrying a lot
O Procrastination
O Work problems (e.g., job dissatisfaction)
O Financial problems
O Low self-esteem/lack of self-confidence
O Physical complaints/medical problems
O Quickly changing moods
O History of or current drug/alcohol abuse
O Low energy or tired a lot
O Easily irritated – short-fuse
O Relationship/marriage problems
O Disorganization
O Death of someone close to you
O Caring for someone with a chronic illness
O Lacking assertiveness skills
O Parenting/child rearing problems
O Problems with thinking clearly or confusion
O Feeling like most people can't be trusted
O No goals or ambitions for the future
O Excessive video-game playing
O Few friends or poor social skills
O Anger management problems
O Legal problems
O Poor concentration and attention
O Few interests or hobbies
O Victim of a violent crime or domestic abuse
O History of suicide attempt
O Current Suicidal thoughts/attempts
O Dependent – Insufficient autonomy
O Recently divorced or separated
O Significant conflict with family members
O Unusual/bizarre behavior
O Panic attacks or excessive fearfulness
O History of emotional/physical/sexual abuse
O Sexual dysfunction/poor sex-life
O Gay/Lesbian/Bisexual concerns
O Problems with food or weight
O Cuts/burns or otherwise harm yourself
O Sleep problems
O Feeling out of control
O Life seems meaningless

11. Demographic Information:

a. How would you describe your marriage or relationship status? ________________________

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b. Who resides with you (name, age, relationship to you)? ______________________________

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c. If you have children, please indicate any concerns you have:
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d. Are you currently: O Employed / O Student; …and are you O Full time / O Part time

e. Religious affiliation and denomination: ____

f. How would you describe you religious participation? _________________________________

g. How would you describe you level of spirituality? ___________________________________

h. What is your highest level of education and in what subject? ___________________________

i. Please describe your typical weekly exercise: ____

j. Please describe your typical sleep schedule: ____

k. Please describe the quality of your diet: ____

l. Please describe your current alcohol/drug use: _______________________________________

11. Please indicate who referred you to see me: ____

12. May I have your permission to send an acknowledgement letter for your referral? O Yes O No

13. Is there additional information you can provide that can help me better understand how to help you?

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