

Olympia Center For DBT Initial Intake Information - Adult

Please describe why you are currently seeking counseling:

In your opinion, how severe is the problem:

I don't think it is a problem, I'm here because someone else believes I should be.

Mild Moderate Severe Debilitating

How long have you had this problem? _____

Which of the following has this problem affected?

Performance at work Relationships with family Relationships with peers Health

Have you ever been treated for this problem before? Yes No
If so, when and by whom?

Have you ever been hospitalized in a psychiatric facility? Yes No
If so, where and when?

Do you currently have any thoughts of suicide Yes No
If so, do you have a plan? Yes No

Are you currently taking any medications? Yes No
If so, please list the medications and dosages:

Family History:

Who primarily raised you?

Please list all of your siblings, ages, any known mental health diagnosis and circle if they have any drug and/or alcohol issues:

Name: _____	Age: _____	Mental Health: _____	D/A Issues: Y/N
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Which is true about your biological mother?

I do not know if she is alive or deceased She is alive and well She is alive but in poor health
 She is deceased

If still living, which is true about your relationship with your biological mother?

I have no contact with her as a result of: My decision Her decision I was adopted

I have a distant relationship with her and we communicate:
 Weekly Monthly Yearly None of the above

I have a close relationship with her and we communicate:
 Daily 3-5 times a week Weekly Monthly Yearly

Describe any medical problems your mother has/had:

Which of the following is true about your biological father?

I do not know if he is alive or deceased He is alive and well He is alive but in poor health
 He is deceased

If still living, which is true about your relationship with your biological father?

I have no contact with him as a result of: My decision His decision I was adopted

I have a distant relationship with him and we communicate:
 Weekly Monthly Yearly None of the above

I have a close relationship with him and we communicate:
 Daily 3-5 times a week Weekly Monthly Yearly

Describe any medical problems your father has/had:

If adopted, please describe your relationship with your adopted mother:

If adopted, please describe your relationship with your adopted father:

Current age of parents: Biological: Mom Dad
Adoptive: Mom Dad

Which of the following describe your current living environment?

I live alone
 Safe, nurturing, very little arguments
 Chaotic, unpredictable, arguments, but no physical fighting
 Physically and/or emotionally abusive
 Violent
 Drugs and/or alcohol involvement

What type of work do you do?

What is the main source of your income?

My job Spouse/partner's job Unemployment Disability/SSI Other:

What is your current financial situation?

Current on all bills Slightly behind on a bill or two Behind on all bills including rent/mortgage
 Considering filing for bankruptcy Recently filed bankruptcy

Has any member of your biological family been diagnosed with a mental illness (depression, bipolar disorder, schizophrenia, etc)? Do not include siblings. No Yes

If so, who, and what is/was their diagnosis?

Has any member of your biological family had problems with drugs and/or alcohol?
Do not include siblings. No Yes

If so, who?

Educational History:

How old were you when you started school?

Did you have any problems when you first started school?
If so, please describe:

Which of the following describes your average grades in grade school?
 Excellent Good Average Poor

What is your highest grade (i.e., 10th grade, high school diploma, bachelors degree)?

Health and Medical History:

Do you currently have any physical problems that are being treated by a medical doctor?
If so what?

Do you currently have any physical problems that are not being treated by a medical doctor?
If so what?

How many cigarettes do you smoke a day? None: None, but used to:

Do you drink alcohol?

No Regularly (2-4 times a week) Occasionally (less than 4 times a month)
 Daily

When you drink alcohol, how many drinks do you usually have?

Does not apply One or two Three or four Five to seven More than 8

Do you use any illegal drugs?

No No, but did in the past Occasionally Regularly Daily

Which of the following have you experienced as a result of your drug and/or alcohol use?

- None
- Missed work because of drinking and/or using
- Have been in physical fights because of drinking and/or using
- Have been arrested for an alcohol or drug related incident
(i.e. possession, assaulted while intoxicated, driving under the influence etc.)
- Have driven after drinking or using
- Have had an accident while driving intoxicated or under the influence of drugs and/or alcohol
- Lost driver's license because of drinking or using
- Had arguments with friends or relatives while drinking and/or using, or because of drinking and/or using

Has there been a recent change in your weight?

No Yes, increase Yes, decrease

If so, how much have you gained/lost? Gained Lost
To what do you attribute this weight loss or gain?

Has there been a recent change in your appetite?
If so, what?

How many times do you exercise each week?

When you exercise, how long do you exercise?

Have you ever intentionally thrown up?

No Yes, but not since ___/___/___ Yes, currently Number of times per day

Are you sexually active? No Yes

Have you ever been sexually abused? No Yes

If so, when and by whom?

Was the person prosecuted?

What problems do you have with sleep?

None Trouble falling asleep Wake up during the night
 Wake up too early Don't feel rested after waking

How many hours of sleep do you get per night (average)?

And finally, what are your goals for counseling?