Rigby Psychological Services, PLLC
2505 South 17th St, Suite 200
Wilmington, NC 28401
(910) 254-4545

Dear Client,

I am excited to be working with you soon. Enclosed are several forms that need to be completed *prior* to your initial appointment.

The following forms are included within this packet:

1. Background History Form
2. Billing/Insurance Paperwork

Please **complete and return** these forms to the following address ***as soon as possible***:

Attention: Intake
Potentials
2505 S. 17th St, Suite 200
Wilmington, NC 28401

If any questions or concerns arise as you complete these forms, please to call my office staff at **910-254-4545**.

I look forward to seeing you soon!

Ben T. Rigby, Ph.D.

Intake Packet for Adult Therapy Clients

Background Information Form

The purpose of this questionnaire is to gather information about you before your intake appointment. Along with the intake appointment itself, your answers to this form will assist your therapist in planning therapy to address your specific needs. Do not worry if you do not have all the information to answer every question, as we will be discussing this further at your intake appointment. Your time and effort in completing this background form is greatly appreciated!

General Information

Date: _____ Form Completed By: _____ Relationship to Client: _____

Name: _____

(First) (Middle) (Last) ("Nick Name")

Date of Birth: _____ Sex: _____

Best email address to contact you:_____.

Reason(s) for Current Appointment

Who recommended or referred you for this appointment? _____

What questions or concerns would you like addressed/answered? _____

_____

_____

_____

_____

What do you feel led to/caused these concerns? _____

_____

_____

_____

When did you first notice these concerns? _____

Are you currently enrolled in school? □ Yes □ No

If yes, please list where, and describe the program/degree you are seeking and your progress:

_____

_____

_____.

Are you currently employed? □ Yes, Full-time □ Yes, Part-time □ No

If yes, where and what position?

_____

Any difficulties related to school or work that may be helpful for your therapist to know?

_____

_____.

Please list everyone living with you at this time:

Age	Sex	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family of Origin:

Mother's Name/Age: _____

Father's Name/Age: _____

Sibling(s) Name(s)/Age(s):

_____

Please check box to indicate if any of your ***biological*** family members have/had the following conditions.

Note: G.Fa= Grandfather, G. Mo= Grandmother, and A/U/C= Aunts, Uncles, or *first* cousins

	Immediate Family			**Father's Relatives**			**Mother's Relatives**		
Condition	**Dad**	**Mom**	**Sib**	**G. Fa**	**G. Mo**	**A/U/C**	**G. Fa**	**G. Mo**	**A/U/C**
Held back in school									
Mental Retardation									
Learning Disabilities									
Language/Speech Delay									
Hyperactivity									
Attention Deficit									
Conduct Problems									
Drug/Alcohol Abuse									
Tics									
Depression									

Anxiety									
Panic Attacks									
Obsessive-Compulsive Disorder									
Hearing Loss									
Vision Problems									
Other: _____									

Health and Medical History

Who is your primary care physician? _____

Have you had a medical check-up within the last 12 months? _____

Do you have any chronic or serious health problems? □ Yes □ No If so, please state _____

_____

_____

If yes, what surgeries or procedures and why? _____

What medications are you currently taking? _____

Have you ever been given a mental health/psychological diagnosis (e.g., anxiety, ADHD)? If so, please state diagnosis or diagnoses:

_____

_____

_____

Developmental History

Were you delayed in meeting any major developmental milestones? □ Yes □ No If yes, state which milestone(s) were delayed and note whether you were just a little slower than typical or if there was a significant delay: _____

_____

_____

School History

What schools have you previously attended?

_____

_____

What were/are your academic strengths? _____

In what areas did you have more difficulty? _____

Did you ever repeat a grade? □ Yes □ No Which? _____ Reason? _____

Did you receive extra school help? □ Yes □ No If yes, explain: _____

Social and Behavioral History

Do you have difficulties relating socially to others? □ Yes □ No

If yes, please describe _____

How easily do you make friends? □ Worse than average □ Average □ Better than average

What are your main hobbies or interests? _____

Please list things you do well: _____

_____

What are your most positive features? _____

_____

Do you have difficulty controlling your anger? □ Yes □ No

If yes, please describe _____

_____

Do you have difficulty controlling certain bad habits? □ Yes □ No

If yes, please describe _____

_____

Do you have excessive worries and/or fears? □ Yes □ No

If yes, please describe _____

_____

Have you ever been arrested/charged with a crime (other than a minor traffic violation)? □ Yes □ No

If yes, please explain _____

_____

Have you been in therapy/counseling before? □ Yes □ No

If yes, how positive of an experience was it for you?_____

_____

Additional Comments