

*Shelley Chambers, MSW, LCSW*  
*2505 South 17<sup>th</sup> 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. 17<sup>th</sup> 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!

Shelley E. Chambers, LCSW

# 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?

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

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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

Condition	Immediate Family			Father's Relatives			Mother's Relatives		
	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**

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