

**Whitney Philemon, 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. Consent for Services (Includes Billing/Insurance Paperwork)

Please **complete and return** these forms to the following address *as soon as possible* by email to [whitney.philemon@gmail.com](mailto:whitney.philemon@gmail.com), fax to 910-254-4557, or mail to:

*Potentials*

*Attn: Whitney Philemon*  
*2505 S. 17<sup>th</sup> St, Suite 200*  
*Wilmington, NC 28401*

If you are unable to send the intake packet prior to your Initial Interview/Intake Session; please ensure that you bring this document and Consent for Services completed to you first session.

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

Whitney Philemon, MSW, 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? \_\_\_\_\_

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What do you feel led to/caused these concerns? \_\_\_\_\_

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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:

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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: \_\_\_\_\_





