mercy's place counseling services

507-226-7963
2480 Superior Drive NW, Rochester, MN 55901
www.mercysplace.com

Adult Intake

Name:_____ Date:_____

Date of Birth/Age:_____

General Questions:

Please list a few words that describe you well:

_____

_____

What are some of your personal strengths?

_____

_____

Where do you turn for support? Family, friends, work relationships? Faith?

_____

_____

Family:

Who are the members of your household? Please list names and ages:

_____

_____

What role does extended family play in your life?

_____

_____

Please list some family strengths:

_____

_____

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Please describe challenges in your family experience (past or present):

_____

_____

Medical/Mental Health History:

What was the date of your last physical exam? _____

Physical Symptoms (experienced in the past 6 months):

___ Shortness of Breath	___ Poor Memory	___Back Pains
___Can't Sleep	___ Fatigue	___Overweight
___Panic Attacks	___Chest Pain	___ Poor Appetite
___Underweight	___Always Hungry	___Other (specify)

Do you have allergies? _____ If so, describe the types:_____

Do you have asthma?_____ Do you have maintenance medication for this condition? _____

Are you currenting being treated for any other medical problems? If so, please list:

_____

_____

Physicians Name: _____ Prescription(s): _____

_____

_____

Physicians Name: _____ Prescription(s): _____

_____

_____

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Other mental health or chemical dependency treatments sought (both past and present):

Location:_____

Therapist:_____

Psychiatrist:_____ Prescription(s):_____

Date of Service:_____ _____

Location:_____

Therapist:_____

Psychiatrist:_____ Prescription(s):_____

Date of Service:_____ _____

**Please list other(s) in the space below*

Development:

Birth/delivery story and where was your first home?

_____

_____

Were there any concerns with your developmental progress? If so, describe the areas of concern:

_____

_____

Who cared for you as a child?

_____

_____

Other childhood experiences you would like to share?

_____

_____

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Academic/Work:

How was your early school experience?

_____

_____

What role has education played in your adult life?

_____

_____

Please describe you current employment with regard to position and overall satisfaction:

_____

_____

Stressors:

Please circle any of the following stressors that either you or a family have experienced, as well as the approximate date(s) surrounding their occurrence.

Unemployment of a parent	_____	Hospitalization	_____
Divorce of parent(s)	_____	Death of a loved one	_____
Physical Abuse	_____	Sexual Abuse	_____
Emotional/Verbal Abuse	_____	Eviction from home	_____
Legal problem(s)	_____	Serious Illness	_____
A move or change of households	_____	Other(s)	_____

Other concerns you would like to address in therapy:

_____

_____

_____