

# ADULT INTAKE PACKET

*(Client fills out in advance)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

## **Please list how long to all that apply below:**

Married: \_\_\_\_\_ Partnered: \_\_\_\_\_ Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Are you currently in other counseling? [ ] Yes [ ] No

If yes, name and address: \_\_\_\_\_

Prior counseling, name(s) & date(s): \_\_\_\_\_

Current medications / dosages (including over the counter): \_\_\_\_\_

Have you had any problems with medications? \_\_\_\_\_ If yes, details: \_\_\_\_\_

Any difficulty with drugs or alcohol? (legal, relational, occupational or personal?) \_\_\_\_\_

Major reason for seeking help at this time? \_\_\_\_\_

How long have you had these problems or symptoms? \_\_\_\_\_

Why did you seek help now? \_\_\_\_\_

## ADULT INTAKE PACKET

Do you have any serious or chronic medical conditions? If yes, dates & details:

Do you have any chronic pain, recurring body aches, or soreness? Where is your body distress?

Have you had any serious accidents/head injuries/seizure activity? If yes, dates & details:

Do you have any recurring nightmares? (describe)

Who loved you unconditionally from 0 to 18 years of age? Who gave you positive reinforcement?

Who loves you and supports you in your life now?

What is your spirituality or source of peace, love or joy?

What spiritual resources do you have, if any? By what name do you call your spiritual supports?

What characteristics do you like most about yourself?

Do you have any performance goals you would like to meet?

What states of being do you desire to live in or return to? (peace, joy, creativity?)

Have you lost any parts of yourself you would really like to have back in your life?

# ADULT INTAKE PACKET

## THE AMEN CLINIC QUESTIONNAIRE

*0=Never 1=Rarely 2=Occasionally 3=Frequently 4=Very Frequently*

- \_\_\_ 1. Frequent feelings of nervousness or anxiety
- \_\_\_ 2. Panic attacks
- \_\_\_ 3. Avoidance of places due to fear of having an anxiety attack
- \_\_\_ 4. Symptoms of heightened muscle tension (sore muscles, headaches)
- \_\_\_ 5. Periods of heart pounding, nausea, or dizziness (not w/ exercise)
- \_\_\_ 6. Tendency to predict the worst
- \_\_\_ 7. Multiple, persistent fears or phobias (dying, doing something crazy)
- \_\_\_ 8. Conflict avoidance
- \_\_\_ 9. Excessive fear of being judged or scrutinized by others
- \_\_\_ 10. Easily startled or tendency to freeze in intense situations
- \_\_\_ 11. Seemingly shy, timid, and easily embarrassed
- \_\_\_ 12. Bites fingernails or picks skin

\_\_\_ *Total number of questions with a score of 3 or 4 for questions 1- 12 (GAD)*

- \_\_\_ 13. Persistent sad or empty mood
- \_\_\_ 14. Loss of interest or pleasure from activities that are normally fun
- \_\_\_ 15. Restlessness, irritability, or excessive crying
- \_\_\_ 16. Feelings of guilt, worthlessness, helplessness, hopelessness
- \_\_\_ 17. Sleeping too much or too little, or early morning waking
- \_\_\_ 18. Appetite changes/ weight loss or weight gain through overeating
- \_\_\_ 19. Decreased energy, fatigue, feeling "slowed down"
- \_\_\_ 20. Thoughts of death or suicide, or suicide attempts
- \_\_\_ 21. Difficulty concentrating, remembering, making decisions
- \_\_\_ 22. Physical symptoms; headaches, chronic pain, digestive problems
- \_\_\_ 23. Persistent negativity or low self esteem
- \_\_\_ 24. Persistent feeling of dissatisfaction or boredom

\_\_\_ *Total number of questions with a score of 3 or 4 for questions 13-24 (MDD)*

## ADULT INTAKE PACKET

*0=Never 1=Rarely 2=Occasionally 3=Frequently 4=Very Frequently*

- \_\_\_ 25. Excessive or senseless worrying
- \_\_\_ 26. Upset when things are out of place or don't go according to plan
- \_\_\_ 27. Tendency to be oppositional or argumentative
- \_\_\_ 28. Tendency to have repetitive negative or anxious thoughts
- \_\_\_ 29. Tendency toward compulsive behaviors
- \_\_\_ 30. Intense dislike of change
- \_\_\_ 31. Tendency to hold grudges
- \_\_\_ 32. Difficulty seeing options in situations
- \_\_\_ 33. Tendency to hold on to own opinion and not listen to others
- \_\_\_ 34. Needing to have things done a certain way or you become upset
- \_\_\_ 35. Others complain you worry too much
- \_\_\_ 36. Tendency to say no without first thinking about the question (OFA)

\_\_\_ *Total number of questions with a score of 3 or 4 for questions 25-36*

- \_\_\_ 37. Periods of abnormally happy, depressed or anxious mood
- \_\_\_ 38. Periods of decreased need for sleep, energetic on much less sleep
- \_\_\_ 39. Periods of grandiose thoughts and ideas (feeling very powerful)
- \_\_\_ 40. Periods of increased talking or pressured speech
- \_\_\_ 41. Periods of too many thoughts racing through your mind
- \_\_\_ 42. Periods of increased energy level
- \_\_\_ 43. Periods of poor judgment that leads to risk-taking behaviors
- \_\_\_ 44. Periods of inappropriate social behavior
- \_\_\_ 45. Periods of irritability or aggression
- \_\_\_ 46. Periods of delusional or psychotic thinking

\_\_\_ *Total number of questions with a score of 3 or 4 for questions 37 – 46 (BD)*

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- \_\_\_ 47. Short fuse or periods of extreme irritability
- \_\_\_ 48. Periods of rage without being provoked
- \_\_\_ 49. Often misinterprets comments as negative when they are not
- \_\_\_ 50. Periods of spaciness or confusion
- \_\_\_ 51. Periods of panic or fear for no specific reason
- \_\_\_ 52. Visual or auditory changes (seeing shadows or hearing sounds)
- \_\_\_ 53. Frequent periods of déjà vu (feeling you've been somewhere you have never been)
- \_\_\_ 54. Sensitivity or mild paranoia
- \_\_\_ 55. Headaches or abdominal pain or uncertain origin
- \_\_\_ 56. History of head injury or family history of violence/ explosiveness
- \_\_\_ 57. Dark thoughts, may be homicidal or suicidal
- \_\_\_ 58. Periods of forgetfulness or memory problems

\_\_\_ *Total number of questions with a score of 3 or 4 for questions 47- 58 (TL)*

- \_\_\_ 59. Trouble staying focused
- \_\_\_ 60. Spaciness or feeling like you're in a fog
- \_\_\_ 61. Overwhelmed by tasks of daily living
- \_\_\_ 62. Feels tired, sluggish, or slow moving
- \_\_\_ 63. Procrastination, failure to finish things
- \_\_\_ 64. Chronic boredom
- \_\_\_ 65. Loses things
- \_\_\_ 66. Easily distracted
- \_\_\_ 67. Forgetful
- \_\_\_ 68. Poor planning skills
- \_\_\_ 69. Difficulty expressing feelings
- \_\_\_ 70. Difficulty expressing empathy for others

\_\_\_ *Total number of questions with a score of 3 or 4 for questions 59-70 (AD)*

# ADULT INTAKE PACKET

## Mood Disorder Questionnaire (MDQ)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check (✓) the answer that best applies to you. Answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?		
...you were so irritable that you shouted at people or started fights or arguments?		
...you felt much more self-confident than usual?		
...you got much less sleep than usual and found you didn't really miss it?		
...you were much more talkative or spoke faster than usual?		
...thoughts raced through your head or you couldn't slow your mind down?		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...you had much more energy than usual?		
...you were much more active or did many more things than usual?		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
...you were much more interested in sex than usual?		
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?		
...spending money got you or your family in trouble?		
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>		
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		
<input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?		
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?		

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**