

MAUREEN LYONS TASHJIAN, MSW, LCSW

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ADULT INTAKE QUESTIONNAIRE

PATIENT INFORMATION:

TODAY'S DATE

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ HOME PHONE _____

_____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

EMPLOYER ADDRESS _____

_____ POSITION _____

DATE OF BIRTH _____ AGE _____ MALE _____ FEMALE _____

RELIGIOUS BACKGROUND _____ HEIGHT _____ WEIGHT _____

HIGHEST LEVEL OF EDUCATION _____ MAJOR _____

MARITAL STATUS: SNG _____ MAR _____ WID _____ SEP _____ DIV _____ OTHER _____

LEFT-HANDED _____ RIGHT-HANDED _____ AMBIDEXTROUS _____

SPOUSE / PARTNER INFORMATION:

NAME _____ SOCIAL SECURITY _____

ADDRESS _____ DOB _____ AGE _____

_____ HOME PHONE# _____

EMPLOYER _____ WORK PHONE# _____

EMPLOYER ADDRESS _____

CHILDREN (PLEASE INDICATE STATUS: BIOLOGICAL, ADOPTED, BLENDED ETC.)

NAME _____ AGE _____ STATUS _____

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NAME _____ AGE _____ STATUS _____

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PARENTAL INFORMATION

FATHER'S NAME _____ AGE _____ LIVING ___ DECEASED

MOTHER'S NAME _____ AGE _____ LIVING ___ DECEASED

PSYCHIATRIC HISTORY: Are you aware of any mental illness in your family? If so please indicate who and if possible what their diagnosis is:

Please indicate the primary reason that has lead you to seek help today:
__depressed mood__substance abuse__occupational/school problems__anxiety or worry __eating disorder__Other (Please explain)_____

__grief or loss__family/marital problems

Please circle the following highlighted questions and answers

On a scale of 1 to 4 (1 being the most) how safe do you feel at home? **1 2**

3 4

Do you have suicidal thoughts? **NO YES SOMETIMES (PLEASE EXPLAIN)**

Have you ever had thoughts of hurting someone else? **NO YES SOMETIMES (PLEASE EXPLAIN)**

PATIENT REFERRED BY:
