INTAKE INFORMATION

Client's Name			Date	
Address) "	
		Work Phone_()	
Birth Date	Age	Occupation	·	
Education				
Marital History		Religion		
Family (please circle the appropriate re	eference, If clie	ent is an adult fill in below	only for your spouse)	
Husband / Father Name		_ Wife / Mother Name		- i
Birth Date	Age	Birth Date	Age	
Marital History		Marital History		
Education Occupation		Education	Occupation	
Address		Address		
Home Phone (* ,
Work Phone ()			*	
Others in Household				4
<u>Name</u>	Relationship	Age Birth D	ate Education	
				r in Friends o
	a d			
- ·				
	9		OVER	

Briefly State Your Current Problem:		an .			
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	//				
					8
	<u> </u>	,			<u> </u>
				-	
	<u> </u>				
Health Information:					
Health Information:			•		
Name of personal physician					
Current Medical Problems:					
		*	Are these problems be	ing tr	eated?_
Please list any medication currently being taken a			u]		
r lease list any medication currently being taken a	ind dos	3agc			
			V		
Have you seen a counselor, psychologist, or psyc	hiatrist	t before?	If yes, who & when:		
		7 . 27 . 2			
Have you ever been hospitalized for an emotiona	ıl or drı	ın / alcohol	problem? If yes, where & When:		
Tavo you over poon neephanzed for an emetiona	i oi die	ag , alcollo	, , , , , , , , , , , , , , , , , , ,		
Chemical Use History	Yes	No	Risk Factors	Yes	No
Do you use Alcohol or Drugs?			Do you know anyone who has ever		
Do you sometimes drink more than you had	_	_	attempted suicide?		
planned?			Have you, in the last year, ever		-
Have family or friends ever expressed concern		П	considered suicide? Have you ever attempted suicide?		
about your use of alcohol? Have you ever been arrested for alcohol related			Have your personal problems affected	ш	
charges (e.g., DUI, public intoxication)?			riave your personal problems arrected		
Have you ever had episodes where you were		П	your job or school performance?		
unable to remember periods when you were			your job or school performance? If ves. how?		
drinking?			your job or school performance? If yes, how?		
unnking?		_			
Have family or friends ever expressed concern				-	
drinking? Have family or friends ever expressed concern over your use of drugs?				_	
Have family or friends ever expressed concern over your use of drugs? Have you ever been arrested for any offense		<u> </u>	If yes, how?	-	
Have family or friends ever expressed concern over your use of drugs? Have you ever been arrested for any offense involving drugs?		_ _	If yes, how? Have you ever been exposed to serious	-	
Have family or friends ever expressed concern over your use of drugs? Have you ever been arrested for any offense involving drugs? Have you ever been treated for drug abuse?	_ 	0	If yes, how? Have you ever been exposed to serious Trauma?	-	
Have family or friends ever expressed concern over your use of drugs? Have you ever been arrested for any offense involving drugs? Have you ever been treated for drug abuse? Have you ever overdosed on drugs accidentally?	0 0 0	0 0 0	If yes, how? Have you ever been exposed to serious	-	
Have family or friends ever expressed concern over your use of drugs? Have you ever been arrested for any offense involving drugs? Have you ever been treated for drug abuse? Have you ever overdosed on drugs accidentally? Have you ever purposely overdosed on drugs?	_ 	0	If yes, how? Have you ever been exposed to serious Trauma?	-	
Have family or friends ever expressed concern over your use of drugs? Have you ever been arrested for any offense involving drugs? Have you ever been treated for drug abuse? Have you ever overdosed on drugs accidentally?	0 0 0	0 0 0	If yes, how? Have you ever been exposed to serious Trauma?	-	

Name:				Date:		
Priofile State Vous Oursett Build						
Briefly State Your Current Problem:						
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					· · · · · · · · · · · · · · · · · · ·	<u> </u>
lealth Information:						
lame of personal physician						
Current Medical Problems:						
		**		Are these problems be	ing tr	eated
Please list any medication currently being taken a	and dos	sage:				
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s.*		. · · · · · · · · · · · · · · · · · · ·				
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Chemical Use History	Yes	No		Risk Factors	Yes	No
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lanned? lave family or friends ever expressed concern	(<u>S</u>):			Have you, in the last year, ever considered suicide?	_	_
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harges (e.g., DUI, public intoxication)?				your job or school performance?		
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nable to remember periods when you were rinking?	_					
lave family or friends ever expressed concern			Ł		_	
ver your use of drugs?						
ave you ever been arrested for any offense	_	ш			_	
volving drugs?				Have you ever been exposed to serious	i.	
ave you ever been treated for drug abuse?				Trauma?		
lave you ever overdosed on drugs accidentally?				If yes, how?		_
lave you ever purposely overdosed on drugs?				2		
lave any members of your family had problems		_			_	
vith drugs or alcohol?						

Timothy C. DeMott, M.A.

Licensed Psychologist 2806 Hamilton Blvd. Allentown, PA 18104-6116 Phone (610) 841-4966 Fax (610) 841-4967

Adult Checklist of Concerns

Name:	Date:
Please mark all of the items below that apply, and issues." You may add a note or details in the space complete the "Child Checklist of Characteristics.")	feel free to add any others at the bottom under "Any other concerns or next to the concerns checked. (For a child, mark any of these and then
☐ I have no problem or concern bringing me her	Δ
□ Abuse—physical, sexual, emotional, neglect (
☐ Aggression, violence	or ormation of orderty), orderty to animals
□ Alcohol use	
☐ Anger, hostility, arguing, irritability	
☐ Anxiety, nervousness	
☐ Attention, concentration, distractibility	
☐ Career concerns, goals, and choices	
☐ Childhood issues (your own childhood)	
☐ Children, child management, child care, parer	iting
□ Codependence	
□ Confusion	
☐ Compulsions	
☐ Custody of children	
☐ Decision making, indecision, mixed feelings, p	utting off decisions
☐ Delusions (false ideas)	
□ Dependence	
☐ Depression, low mood, sadness, crying	
☐ Divorce, separation	
□ Drug use—prescription medications, over-the	counter medications, street drugs
□ Eating problems—overeating, undereating, ap	petite, vomiting (see also "Weight and diet issues")
☐ Emptiness ☐ Failure	
☐ Fatigue, tiredness, low energy	
☐ Fears, phobias	
☐ Financial or money troubles, debt, impulsive s	nending law income
☐ Friendships	pending, low income
□ Gambling	
☐ Grieving, mourning, deaths, losses, divorce	
☐ Guilt	
☐ Headaches, other kinds of pains	
•	

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Adult Checklist of Concerns (p. 2 of 2) ☐ Health, illness, medical concerns, physical problems ☐ Inferiority feelings □ Interpersonal conflicts ☐ Impulsiveness, loss of control, outbursts ☐ Irresponsibility ☐ Judgment problems, risk taking ☐ Legal matters, charges, suits □ Loneliness ☐ Marital conflict, distance/coldness, infidelity/affairs, remarriage □ Memory problems ☐ Menstrual problems, PMS, menopause ☐ Mood swings ☐ Motivation, laziness ☐ Nervousness, tension $\hfill\square$ Obsessions, compulsions (thoughts or actions that repeat themselves) □ Oversensitivity to rejection ☐ Panic or anxiety attacks □ Perfectionism □ Pessimism □ Procrastination, work inhibitions, laziness ☐ Relationship problems ☐ School problems (see also "Career concerns . . . ") ☐ Self-centeredness ☐ Self-esteem ☐ Self-neglect, poor self-care ☐ Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse") ☐ Shyness, oversensitivity to criticism □ Sleep problems—too much, too little, insomnia, nightmares ☐ Smoking and tobacco use ☐ Stress, relaxation, stress management, stress disorders, tension □ Suspiciousness ☐ Suicidal thoughts ☐ Temper problems, self-control, low frustration tolerance ☐ Thought disorganization and confusion ☐ Threats, violence ☐ Weight and diet issues □ Withdrawal, isolating ☐ Work problems, employment, workaholism/overworking, can't keep a job Any other concerns or issues: Please look back over the concerns you have checked off and choose the one that you most want help with. It is:

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Timothy C. DeMott, M.A.

Licensed Psychologist 2806 Hamilton Blvd. Allentown, PA 18104-6116 Phone (610) 841-4966 Fax (610) 841-4967

Adult Checklist of Concerns

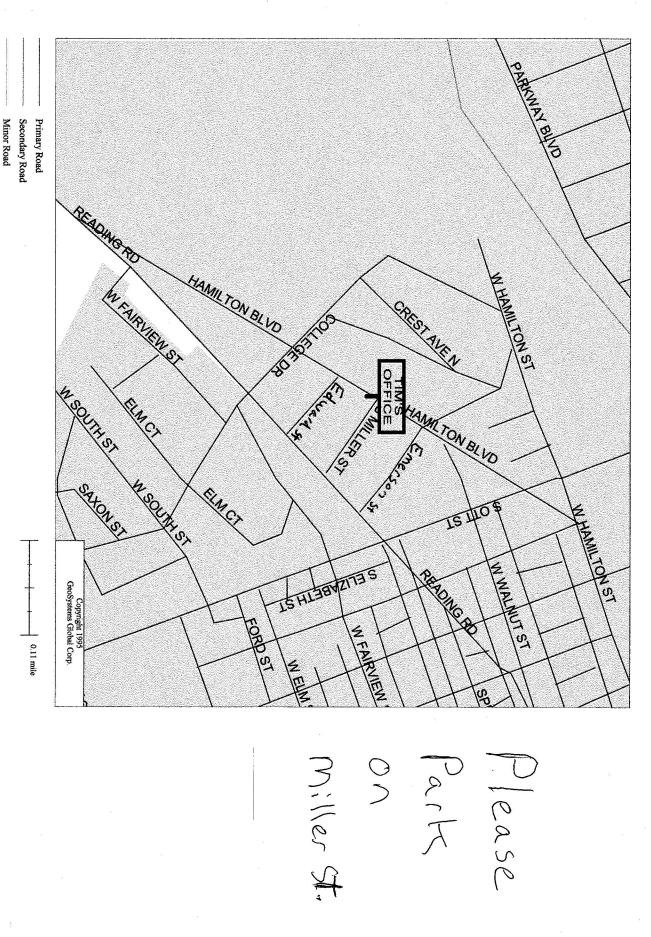
Name:	Date:
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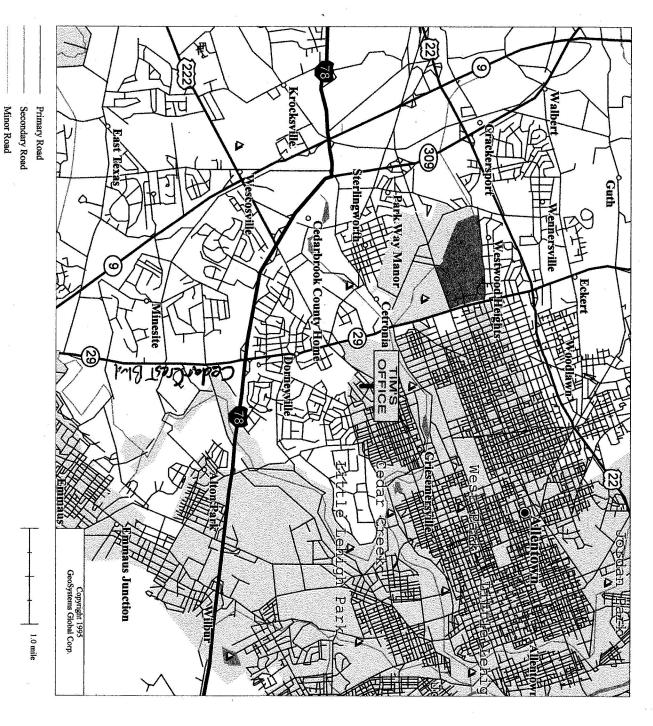
S.W. corner of Hamilton & Miller Sts.



Compton's Complete Street Guide

Built Up Area

Tim's Office - 2806 Hamilton Blvd.



Compton's Complete Street Guide

Built Up Area