

Direct: 651- 408-3174

debranelson@beyondthebraintherapies.com

Fax: 651- 464-2289

Adult Intake Information	Date:
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Name: _____ Birthdate: _____

Marital Status: (circle)

Single Married Separated Divorced Widowed Engaged

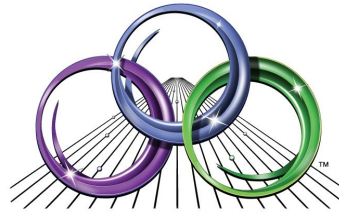
Date: _____ _____ _____ _____ _____

Presenting Concern: _____

How long have you experienced this concern? _____

What physical or mental health issues are your experiencing lately?

Symptom	Check if yes	Symptom	Check is yes
Sleeplessness		Too much sleep	
Anxiousness		Depression	

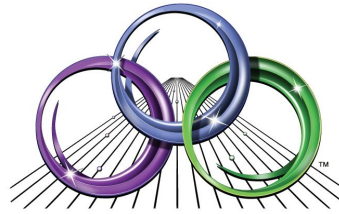


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Grief		Eating Problems	
Confusion		Perfectionism	
Concentration		Dependency	
Loneliness		Self Harm	
Guilt		Suicidal Thinking	
Unassertive		Suicidal Attempts	
Self Esteem		Chemical Dependency	
Legal Issues		Memory Issues	
Isolation		Unable to Work	
Stress		Physical Complaints	
Lying		Manipulation	
Anger		Panic Attacks	
Employment Issues		Gambling Issues	
Relationship Issues		Parenting Issues	
Obsessive Compulsive Thinking		Hair Pulling	
Sexual Problems		Identity Issues	



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Sexual Abuse		Physical Abuse	
Emotional Abuse		Trauma	
Lack of Motivation		Stress	
Lack of Employment		Unusual Thoughts	
Spiritual Concerns		Loss of Support	

Who Resides with you? _____

Are you satisfied with your relationships? YES NO

What do you want? _____

What do you like about your life? _____

What would make your life better? _____

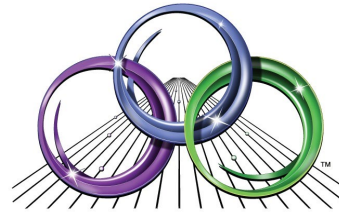
Medical History: _____

Past Diagnosis (either medical or mental health) _____

Medication: _____

Military History: YES NO _____

Spiritual Affiliation? Yes NO Church? _____



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Current Well-Being?

1. At the present time, how upset or distress have you been feeling?	0	1	2	3	4	5	6	7	8	9
2. At the present time, how healthy do you feel?	0	1	2	3	4	5	6	7	8	9
3. At the present time, how tired have you been feeling?	0	1	2	3	4	5	6	7	8	9
4. At the present time, how satisfied are you with your life in general?	0	1	2	3	4	5	6	7	8	9
5. Are you concerned with your use of alcohol, drugs or prescriptions?	0	1	2	3	4	5	6	7	8	9
6. At the present time, how satisfied are you with relationship closeness in your life?	0	1	2	3	4	5	6	7	8	9
7. At the present time, how satisfied are you with your social life?	0	1	2	3	4	5	6	7	8	9
8. How satisfied are you with your career?	0	1	2	3	4	5	6	7	8	9
9. Are you able to handle self-care and daily living?	0	1	2	3	4	5	6	7	8	9
10. How often do you experience loneliness?	0	1	2	3	4	5	6	7	8	9