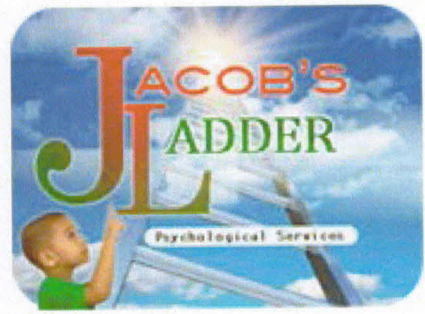


Jacob's Ladder Psychological Services, PLLC
11201 Richmond Avenue, Suite A-111A
Houston, TX 77082-6653



**PSYCHOLOGICAL SERVICES
ADULT INTAKE QUESTIONNAIRE
(PLEASE FILL IN ALL INFORMATION)**

Name of Client: _____ Date: _____

Date of Birth: _____ Age: _____ Referred By: _____

Name of Person Completing Form (If not Client): _____

Client's Address: _____

Telephone: _____

State all reason(s)/problem(s) for which you are seeking services at Jacobs Ladder Psychological Services, PLLC right now:

Background information of problems (give date/year when problems started, describe symptoms and if treatment received, dates of treatment and last appointment:

CHILDHOOD HISTORY

Place of Birth: _____

Place grew up/raised in: _____

Tel: 281-512-4734

Fax: 281-293-8100

jacobsladderpsych@yahoo.com

CURRENT CITY OF RESIDENCE: _____ PARENTS LIVING: YES NO _____

NAMES AND AGES OF LIVING BROTHERS AND SISTERS:

MARITAL HISTORY

NEVER BEEN MARRIED MARRIED DIVORCED WIDOWED/WIDOWER

CHILDREN: NO _____ YES _____ IF YES, GIVE NO. OF CHILDREN, AGES, AND CITY OF RESIDENCE

CURRENT LIVING ARRANGEMENTS

I LIVE: ALONE

WITH MY FAMILY: (list names, ages, and relationship to others in home)

OTHER LIVING ARRANGEMENTS: (list relationships and number of people in home)

EDUCATION HISTORY

MY GRADES IN SCHOOL WERE MOSTLY: GOOD (A's/B's) FAIR (C's) POOR (D's) FAILING

THE HIGHEST GRADE I COMPLETED WAS: _____

- I WAS IN REGULAR CLASSES ONLY
- I WAS IN REGULAR AND SPECIAL CLASSES
- I WAS IN SPECIAL CLASSES ONLY
- I WAS RETAINED IN GRADE(S) _____ I WAS SUSPENDED/EXPELLED IN GRADE(S) _____
- I HAD A LEARNING PROBLEM/LEARNING DISABILITY WHEN I WAS IN SCHOOL
- I LEFT SCHOOL BECAUSE _____
- I GRADUATED FROM HIGH SCHOOL
- I OBTAINED A GED
- I ATTENDED COLLEGE
- I ATTENDED JOB TRAINING/VOCATIONAL SCHOOL AFTER HIGH SCHOOL IN _____
- I GRADUATED COLLEGE, EARNED CERTIFICATE IN TRAINING/VOCATIONAL SCHOOL
- GRADUATE SCHOOL/OTHER PROFESSIONAL EDUCATION

MENTAL HEALTH HISTORY

MENTAL HEALTH TREATMENT RECEIVED (Include NAMES of DOCTORS, DATES, TYPES OF TREATMENT)

EVER BEEN HOSPITALIZED FOR A MENTAL HEALTH PROBLEM? YES NO

IF YES, REASON FOR HOSPITALIZATION(S) AND DATE(S)

PRESENT COUNSELOR/THERAPIST: NO IF YES GIVE NAME/SPECIALTY _____

PAST COUNSELOR/THERAPIST: NO IF YES GIVE NAME/SPECIALTY _____

PRESENT PSYCHIATRIST: _____

PAST PSYCHIATRIST: _____

PRESENT PSYCHIATRIC MEDICATION (include mg): _____

PAST PSYCHIATRIC MEDICATION (include mg): _____

FAMILY HISTORY

FAMILY MEMBERS WITH HISTORY OF PSYCHIATRIC OR EMOTIONAL PROBLEMS: (please list name, relationship to you, type of problem, any treatment received)

FAMILY MEMBERS WITH HISTORY OF LEARNING PROBLEMS: (please list name, relationship to you, type of problem, any treatment received)

FAMILY MEMBERS ON PSYCHIATRIC MEDICATION: (please list name, relationship to you, type of medication)

FAMILY MEMBERS WITH HISTORY OF DRUG/ALCOHOL ABUSE: (please list name and relationship)

MEDICAL HISTORY

MAJOR ILLNESSES/ACCIDENTS AND DATES: _____

ALLERGIES: _____

MEDICATIONS CURRENTLY BEING TAKEN: _____

MEDICATIONS TAKEN IN THE PAST: _____

HOSPITALIZATIONS/SURGERIES (list hospital, dates, and doctor):

ALCOHOL/SUBSTANCE ABUSE HISTORY

HAVE YOU EVER USED ALCOHOL? ____ NO ____ YES WHEN DID YOU START? _____

LAST DATE OF USE _____ HOW OFTEN DO YOU DRINK? _____

WHAT DO YOU DRINK AND HOW MUCH?

HAVE YOU EVER USED ILLEGAL SUBSTANCES, SUCH AS MARIJUANA, COCAINE, AMPHETAMINES?
____ NO ____ YES WHEN DID YOU START? _____ LAST DATE OF USE? _____

HOW OFTEN DO YOU USE ILLEGAL SUBSTANCES AND WHAT ARE YOU PRESENTLY USING?

WORK HISTORY

EMPLOYED?: YES ____ NO ____ IF NO, YOUR LAST DATE EMPLOYED: _____

WHY ARE YOU UNEMPLOYED? _____

ARE YOU LOOKING FOR WORK? ____ YES ____ NO REASON NOT SEEKING WORK: _____

RETIRED: NO ____ YES ____ IF YES, YOUR DATE OF RETIREMENT: _____

OCCUPATION: _____

PLEASE LIST PLACES AND DATES OF EMPLOYMENT STARTING WITH THE MOST RECENT JOB:

MOST RECENT JOB/FROM-TO DATES _____

NEXT TO LAST JOB/FROM-TO DATES _____

OTHER EMPLOYMENT _____

MILITARY HISTORY

- I HAVE NO MILITARY HISTORY
- I SERVED IN THE _____ (branch) FROM _____ TO _____ (dates)

LEGAL HISTORY

I HAVE NEVER BEEN ARRESTED BEFORE

I HAVE BEEN ARRESTED BEFORE (include charge, date of arrest, outcome):

I HAVE NO PENDING LEGAL STATUS, SUCH AS COURT HEARING/PROBATION

I HAVE A HAVE A PENDING LEGAL SITUATION, SUCH AS COURT HEARING/PROBATION

PLEASE GIVE DETAILS/DATE OF HEARING, NATURE OF CHARGE/OFFENSE _____

OTHER INFORMATION THAT IS IMPORTANT TO KNOW ABOUT YOU (OR IF MORE SPACE IS NEEDED):

THANK YOU FOR TAKING TIME TO COMPLETE THIS FORM. IT WILL ENABLE US TO BETTER SERVE YOU.