

1301 Oak - Hays, Kansas 67601 Office (785) 628-3575 - Fax (785) 621-2257

Adult I	ntake Form		
Today's Date:			
Identification			
Your Name:			
First MI	Last	Jr, Sr, etc.	
Date of Birth: Age: Se	x: Social Security #:		
Home/Mailing Address:			
City: State:	Zip:		
Home Phone: Cell Pl	hone:	_	
Permission to leave voice message: ☐ Yes ☐ No	Permission to leave text mess	age: □ Yes □ No	
Marital Status: □ Single □ Married □ Divorced			
Marital Status. 🗆 Single 🗀 Married 🗀 Divorced	i/Separated   Widowed   Oth	ier	
Insurance Information			
Insurance Company:	Member ID:		
Insured's Name:	Group ID:		
Insured's Date of Birth: Co	opay: 🗆 Yes 🗆 No Amount:\$		
Relationship to Patient:   Self   Spouse   Pa	rent/Guardian 🗆 Other		
BCBS Members Only:			
Have you previously been seen by a counselor?	☐ Yes ☐ No Number of times/	/last date	
Optional:			
Employment	loved		
☐ Full time ☐ Part time ☐ Not currently emp	•	of Council o	
Your current employer:	Years o	of Service	
Marital Relationship History			
Spouse's name	M:Married D:Divorced		
1			
2			
Primary Care Physician			
Clinic/doctor's name:			
Phone:			

## **Checklist of Concerns**

Ple	ease mark all of the items below that apply.
	Abuse: verbal, emotional, physical, sexual
	Anger, hostility, arguing, irritability, temper outbursts, easily frustrated, aggression
	Alcohol, tobacco, drug use
	Anxiety, panic attacks, stress, stress management
	Attention, concentration, distracted, confusion, thought disorganization
	Career concerns
	Children, child management, child care, parenting, custody
	Chronic pain indicate where:
	Depression, loneliness, sadness, crying, isolation, low-energy, loss of interest
	Failure, inferiority, guilty feelings
	Fears, phobias
	Financial or money issues, debt, impulsive spending, gambling
	Friendships, interpersonal conflicts
	Grieving, death, loss, coping
	Health, illness, medical concerns
	Legal matters, charges, suits
	Men's Issues
	Marital conflict, divorce, separation, distance/coldness, infidelity/affairs, remarriage
	Personal childhood issues
	Religious issues/spirituality
	Self-esteem
	Self-harm, punishing yourself: verbally, physically (scratching, cutting)
	Sexual issues, dysfunctions, conflicts, desire differences
	Sleep: too much, too little, insomnia, nightmares
	Suicidal thoughts or actions
	Traumatic event
	Weight and diet issues, overeating, under eating, appetite, vomiting
	Women's issues
	Other concerns or issues:
۱۸/۱	nich concern would you most like help with:
V V I	hen concern would you most like help with.