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Date file opened: _____

ADULT INTAKE FORM

Please complete

Name of person completing this form: _____ Phone: _____

Email: _____ Name of person responsible for payment: _____

Age: _____

Birth day: _____ Month: _____ Year: _____ Ethnicity: _____

Religion: _____ Sex/gender: _____ Home address: _____

ACADEMIC INFORMATION:

Name of school if currently attending college : _____

Grade/year: _____ Program: _____

Typical grades: _____

Areas of strength: _____, _____, _____

Challenges: _____

HOW DID YOU FIND LEARNING BY CONNECTING:

Word of mouth • I'm a former client • Psychologist Rec. • Doctor • Google • Other:

THE REASONS FOR YOUR VISIT:

How intense is your ADHD/Learning distress? (Mild) 1 2 3 4 5 6 7 8 9 10 (Severe): How much do learning issues affect your ability to perform at school/work, getting along with others, and perform daily activities? (Mildly disruptive) 1 2 3 4 5 6 7 8 9 10 (Incapacitating) Please describe:

When did these problems start? What issues concern you the most?

Please list any medical or "physical" problems that you have been diagnosed with:

Please list any medications you are currently taking and what they are taken for:

MEDICAL INFORMATION (If you want me to consult with them):

Name of Family doctor: _____ Phone: _____

Last check-up was during the month of: _____ Year: _____

Results: _____

MENTAL HEALTH TREATMENT HISTORY Have you been hospitalized for psychological or psychiatric reasons? No ___
Yes ___ If yes, please describe when and where, and for which reasons.

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CURRENT HABITS

Please describe your current habits in each of the following areas:

Smoking: _____ •

Drinking: _____ •

Drug use: _____ •

TV use: _____

Phone use: _____ •

Video game use: _____ •

Caffeine intake: _____ •

Exercise: _____

Eating: _____ •

Sleeping: _____ •

Fun and relaxation: _____ •

Chores and responsibilities: _____

POSITIVE SKILLS AND QUALITIES

What qualities have helped you overcome difficulties in the past?

Please tell us about your interests (sports, hobbies, talents, etc.)

What are some goals for these ADHD sessions?

Is there anything else that you would like to mention?