



12781 Darby Brook Court
 Suite 202
 Woodbridge, VA 22192
 Phone: 703.494.0426
 Fax: 703.494.1335
 Email: althea.simpson@brighter-day.net

Adult Intake Form

Client Identifying Information

Client Name: _____ Sex: Male ___ Female ___
 Birth Date: _____ Place of Birth: _____ Age: _____
 Race/Ethnicity: _____ Religion: _____
 Address (number and street): _____
 City: _____ State: _____ Zip Code: _____

Client Contact Information

Name: _____ Relationship: _____
 Home Phone: _____ May we leave a message? Yes ___ No ___
 Cell Phone: _____ May we leave a text/message? Yes ___ No ___
 E-mail: _____ May contact you via email? Yes ___ No ___

*Please be aware that email might not be confidential

Emergency Contact: _____ Phone: _____ Relationship: _____

Current Symptom Checklist (**please circle all that apply**): Anger Problems Anxiety Depressed Mood Mood Swings
 Trauma Body Image Problems ADHD: Poor Concentration/Hyperactivity Impulsive Behaviors Suicidal Thoughts
 Suicidal Attempts Homicidal Thoughts Hallucinations Adjustment Issues Sexual Abuse Domestic Abuse
 Substance Abuse Marital/Relationship Concerns _____

Primary Concern: _____ Referral Source: _____

Reason for seeking mental health/behavioral health treatment: _____

Have you ever had suicidal thoughts or plan?: ___ Yes ___ No

Have you ever attempted suicide? ___ Yes ___ No If yes, last attempt: _____

Have you ever been investigated/accused of/charged with a crime against a minor?: ___ Yes ___ No

If Yes, when _____ and what for _____

Have you had previous psychotherapy or other mental health treatment? ___ Yes ___ No

If yes, explain:

Client Signature: _____ Date: _____