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A Vibrant Mind, LLC
Adult Information Form

Client Information

Name _____ m / f Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Occupation _____ Highest Level of Education _____

Relationship Status ☐ Single ☐ Living Together ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Medical Information

Please describe any serious illnesses, accidents, or injuries _____

_____

Please list **any** medication that you are currently taking and what its for (where applicable give the name of the prescribing physician)

_____ _____

Describe what type and how much alcohol you drink per week _____

Indicate any drugs you use ☐ Marijuana ☐ Hallucinogens ☐ Other _____

Has anyone complained about your alcohol or drug use? ☐ Yes ☐ No

Mental Health Information

Please describe your personal struggles and concerns and the reasons that you are seeking help at this time

_____

_____

_____

Are you currently in counseling elsewhere? ☐ Yes ☐ No Have you had previous counseling? ☐ Yes ☐ No

Please check any current or past problems

☐ Depression	☐ Suicidal Thoughts	☐ Anxiety	☐ Self-Esteem
☐ Health Problems	☐ Physical Abuse	☐ Sexual Abuse	☐ Disordered Eating
☐ Sexual Problems	☐ Communication Problems	☐ Sleep Problems	☐ Marital problems
☐ Job Related Problems	☐ Parent/Child Conflict	☐ Financial Concerns	☐ Separation or Divorce
☐ Legal Problems	☐ Domestic Violence	☐ Illness	☐ Child Rearing
☐ Caretaking	☐ Relationship Problems	☐ Compulsive Behavior	☐ Death of a Loved One
☐ Sexuality	☐ Other _____		

Describe the strengths you have shown in adjusting to past difficulties _____

_____

Describe what matters most to you _____

_____

_____

What else would you like me to know _____

_____