



Harmony Counseling Atlanta, LLC
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ADULT INTAKE FORM

This information and all communications with your therapist will be kept confidential to the full extent of Georgia Law.

Today's Date _____ Date of Birth: _____

Name (First, Middle Initial, Last) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Which of these may we use to remind you of appointments (circle)? Home Work Cell

At which of these may we leave a message (circle)? Home Work Cell

Home Address _____

City _____ State _____ Zip _____

Date of Birth ___/___/___ Occupation _____

Employer _____ Hrs/wk _____

Age _____ Gender: F M Race/Ethnicity You Identify With _____

Religion _____ Active? Yes No Place of Worship _____

Presently living with: Marital Status: Highest Education Completed:

Parents _____ Single _____ Elementary _____

Spouse _____ Married _____ (yrs.) High School _____

Other: _____ Divorced _____ (yrs.) College _____

Other _____ Other _____

SPOUSE INFORMATION

Spouse's Name _____ Date of Birth _____

Address (if different) _____

Phone _____ Occupation _____

Employer _____ Hrs/wk _____

What problems are you currently experiencing? Please put them in order of importance by **numbering them**. For example, the number 1 would be placed by the item which concerns you the most today.

- | | |
|--------------------------------|--|
| _____ Anger/Temper | _____ Depression |
| _____ Education | _____ Anxiety |
| _____ Family Problems | _____ Use of Drugs or Alcohol |
| _____ Fearfulness | _____ Marital Problems |
| _____ Physical Problems | _____ Problems with Social Relationships |
| _____ Problems with Children | _____ Religious/Spiritual Concerns |
| _____ Sexual Concerns | _____ Trouble making decisions |
| _____ Thoughts of suicide | _____ Worry |
| _____ Unhappy most of the time | _____ Other (specify): _____ |
| | _____ |

Please describe any previous counseling /therapy: _____

When did you last consult with your primary care physician? _____

Are you currently taking any prescription medicines? If yes, please list by name, dosage, purpose, and name of prescribing doctor (please write on back if additional room is needed):

In your own words, briefly describe the main problem which prompted you to seek counseling at this time:

Is there anything else which you believe might be important for your counselor to know at this time?

I was referred by: _____ May I thank them for the referral? Y N

Name and phone number of person to notify in case of emergency:

Please provide your signature to indicate we may contact this person only in the case of what we believe to be a life or death emergency: _____