Lara Anders, MFT
(541) 292-9452
lara@adaptmedford.com

ADAPT
COUNSELING

Lynn Whitaker, LCSW
(541) 301-7030
lynn@adaptmedford.com

ADULT INTAKE FORM

Name: _____

Address: _____

Phone: _____ Email: _____

Are you: ( ) Married ( ) Single ( ) Divorced ( ) In a serious relationship

Children: (Names and Ages) _____

_____

List any current health problems and medications you are currently taking:

_____

_____

Are you currently seeing another therapist? _____

Have you sought counseling in the past? _____

If so, when and for what purpose?

_____

_____

Check any that apply: ( ) anxiety ( ) depression ( ) difficulty sleeping ( ) mood swings ( ) high stress ( ) eating issues ( ) intimacy issues ( ) addictions ( ) relationship issues ( ) others _____

What is the main reason you are here today?

_____

_____

_____

How long have you been struggling with this? _____

What have you tried in the past to solve this issue? _____

_____

Please describe what things in your life would look like if this issue was solved:

_____

_____

_____

Please describe your

Strengths: _____

Weaknesses: _____

Sign: _____

Date: _____

This form is strictly CONFIDENTIAL.