



3285 N Arlington Heights Road, Suite 201
Arlington Heights, IL 60004
847/ 398-0499
www.familyresilience.org

Intake Assessment - Adult

Welcome to the Family Resilience Group! We want this to be your most effective but also comfortable experience in counseling. In order to best help you, please complete the questions below. We ask that you please let your clinician or our director know if you need any special accommodations or are unhappy with your results at any time.

Name:

Date:

Relationship Status: Married Single Coupled Divorced

Age:

Children (Name and Age):

How did you hear of the Family Resilience Group (if referral please provide name):

What would you like to accomplish in our work together:

List your top difficulties/challenges in your life right now:

What are the BEST things in your life right now:

What are the top 5 most traumatic episodes that have happened to you. Please use the back if needed:

Describe briefly your life from 0-10 years of age:

Describe briefly your life from 11 - 18 years of age:

Describe briefly your life from 18 – 30 years of age:

Describe briefly your life from 30 - 50 years of age:

Describe briefly your life from 50+ years of age:

Have you had any of the following. Please list dates and briefly describe:

Psychiatric Hospitalizations:

Suicidal Intention/ Self-Harming:

Abuse (physical/ sexual/ verbal):

Arrests:

Drug or Alcohol misuse:

Legal Problems:

Bulimia/ Eating Disorders:

Severe Accidents:

Have you ever been in counseling before: When and briefly describe.

What else would you like your clinician to know about you: