560 N. Exposition
Wichita, KS 67203
(316) 264-8317
Fax (316) 264-0347

Adult Intake Form

NAME: ______________________ ____________ ______________________ ______________________
First name | Middle Initial | Last Name | Maiden Name

DOB:________________ **AGE:**________ **SS NUMBER:**________________________ **GENDER:** ☐ MALE ☐ FEMALE

ADDRESS: ____ **APT.#:**____________

CITY:____________________ **STATE:**________ **ZIP:**__________ **COUNTY:**____________________

PHONE NUMBER: ____________________ ____________________ ____________________
Home | Cell | Work

MARITAL STATUS: ☐ **SINGLE** ☐ **MARRIED**

RACE/ETHNICITY:
☐ African American/Black
☐ Asian
☐ Caucasian/White
☐ Chinese
☐ Hawaiian
☐ Japanese
☐ Native American
☐ Vietnamese
☐ Hispanic
☐ Biracial
☐ Other

Others residing in the household: ____

Are there any immediate family members in the military?____________ **If so, have they served in combat?** ________

WHAT PROBLEMS BRING YOU TO SEEK TREATMENT? ____________________________
____
____

IS TREATMENT COURT ORDERED? ☐ Yes ☐ No

WHO REFERRED YOU TO OUR AGENCY: ________________________________

EMPLOYMENT INFORMATION: ☐ Full-time Student ☐ Part-time Student ☐ Employed ☐ N/A

Name of Employer: ______________________________ Job Title: ________________________

Name of College/University: ______________________________

FINANCIAL: Does financial stress relate to why you are seeking services? ☐ Yes ☐ No

If yes, please explain: ____

LEGAL HISTORY: Have you even been charged with a crime? ☐ Yes ☐ No Are you currently on probation? ☐ Yes ☐ No

If yes, please explain: ____

LIST HOBBIES OR RECREATIONAL INTERESTS: ________________________________
____

FAMILY, CULTURE AND RELIGION: Describe any cultural and/or religious connections. ________________
____

BEREAVEMENT AND GRIEF: Have you experienced grief or loss? If so, please describe how you are supported socially, spiritually and culturally. ____
____

PRIMARY CARE PHYSICIAN (PCP):

NAME: ________________________________ **PHONE:**____________________

ADDRESS: ________________________________