



Stein Psychological Associates, Inc.

assessment ▪ therapy ▪ consultation

ADULT INFORMATION

Name of Adult: _____ Date: _____

Home Address: _____
Street City Zip Code

Birth Date: _____

School: _____

Home Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

INTAKE INFORMATION

Why are you seeking testing at this time?

Check any symptoms you have had the past six months:

- | | |
|--|---|
| <input type="checkbox"/> Sadness/Crying Spells | <input type="checkbox"/> Nervousness/Jittery |
| <input type="checkbox"/> Socially Isolated | <input type="checkbox"/> Irritable/Temper Outbursts |
| <input type="checkbox"/> Appetite/Weight Loss | <input type="checkbox"/> Persistent Thoughts |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Excessive Sleep | <input type="checkbox"/> Excessive Worrying |
| <input type="checkbox"/> Giving Up Easily | <input type="checkbox"/> Fidgety |
| <input type="checkbox"/> Difficulty Having Fun | <input type="checkbox"/> Excessive Nightmares |
| <input type="checkbox"/> Excessive Anger/Hostility | <input type="checkbox"/> Difficulty Sleeping in Own Bed |
| <input type="checkbox"/> Suicidal Thoughts/Statements | <input type="checkbox"/> Very Active |
| <input type="checkbox"/> Difficulty with Authority Figures | <input type="checkbox"/> Easily Distracted |
| <input type="checkbox"/> Often in Trouble | <input type="checkbox"/> Has Conflicts with Peers |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Doesn't Follow Directions |
| <input type="checkbox"/> Other (please describe): _____ | |

List and describe any significant life events (e.g. divorce, death in family, etc.):

List and describe current or historical physical problems (e.g. weight gain, headaches, hypoglycemia, etc.):

Date of last hearing test _____ Were the results normal?

Date of last vision test _____ Were the results normal?

Does you wear:

glasses Contacts N/A

List any medication(s) and dosages you are currently prescribed: _____
