

**Modern Wellness LLC  
Adult Intake Packet**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

1. What impactful event(s) led you to seek out counseling?

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2. Have you ever participated in counseling services before? ( ) Yes ( ) No

3. Have you had thoughts that you didn't want to live? ( ) Yes ( ) No

(If Client answers 'yes' proceed to Suicide Risk Assessment)

4. Do you smoke? ( ) Yes ( ) No

5. Do you drink alcohol? ( ) Yes ( ) No

6. Have you experimented with psychedelic substances ( ) Yes ( ) No

**Family and Childhood History**

1. Describe your relationship with your parent(s)/caregiver(s)?

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2. What is your parent's occupation?

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3. To the best of your knowledge, did a parent/caregiver suffer from mental health issues and/or substance abuse? If yes, please describe.

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4. Do you have siblings? If yes, how many and where are you in the birth order?

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5. Describe your relationship with your siblings\_\_\_\_\_

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6. Describe your childhood in one word? \_\_\_\_\_

7. What is your happiest memory from Childhood?

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8. What is your most impactful memory from Childhood?

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9. Have you ever suffered from any forms of abuse (physical, sexual, psychological, financial)? If yes, please describe.

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10. Have you suffered any significant losses in your life (parents/caregivers, family members, friends, pets, homes)? ( ) Yes ( ) No  
If yes, please describe.

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**Current Relationships**

11. Biggest challenge in current or past relationships\_\_\_\_\_

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12. Recurrent patterns in current or past relationships \_\_\_\_\_

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- Are you currently married, engaged or in a relationship?  Yes  No
  - Do you have any children?  Yes  No
  - Did you have any challenges while pregnant, during delivery or postpartum?

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- Do you want children  Yes  No

13. What is one word you would use to describe yourself? \_\_\_\_\_

14. What does your self-talk sound like?

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15. How do you practice self care?

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16. How much time do you spend on your cell-phone daily? \_\_\_\_\_

17. How is your relationship with food? \_\_\_\_\_

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18. How would you rate your career satisfaction? \_\_\_\_\_

19. If you could choose any career possible, what would you be doing? \_\_\_\_\_

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