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Adult Intake Form

Name: _____ Age: ____ Birth Date: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Place of Employment: _____

Please list any medications you are currently taking, including psychotropic medications:

Please describe any medical conditions that I should be aware of (allergies, injuries, illnesses, etc):

Please describe your current household composition (names, ages, and relationship):

The reason I am seeking therapy is:

What have you already tried to correct or resolve this problem?

What are you most concerned about?

What changes would you like to see as a result of therapy?

Adult History

Name: _____ Age: ____ Gender: _____

Were there any problems or complications during your mother's pregnancy? yes no

Explain: _____

Did you experience any developmental delays as a child?----- yes no

Explain: _____

Have you experienced any form of abuse (physical, emotional, sexual)?---- yes no

Explain: _____

Have you experienced any significant trauma or losses?----- yes no

Explain: _____

Have you experienced any divorces or separations?----- yes no

Explain: _____

Do you experience unusual eating patterns?----- yes no

Explain: _____

Do you experience unusual sleeping patterns?----- yes no

Explain: _____

Have you ever experienced a bump, jolt, hit to the head or been knocked out?

Played contact sports? Involved in a car accident?----- yes no

Explain: _____

Have you received any previous counseling or treatment? Write name

of counselor, reason for counseling and dates ----- yes no

Explain: _____

Was counseling successful?----- yes no

Explain: _____

List any medication providers. Was medication successful?----- yes no

Explain: _____

Do any family members, including extended family, suffer from any form of
mental illness or substance abuse?----- yes no

Explain: _____

How would you describe your strengths and challenges?

Explain: _____

List your support system (spouse, significant other, parents, friends)?

Explain: _____

Please list your expectations for your treatment outcomes?

Explain: _____

Please share any other information that would help us to provide the best services to you and your family _____

