



# Erickson Counseling & Mediation PLLC

11107 McCracken Circle #A Cypress, TX 77429  
EricksonCounseling.com  
mde@ericksoncounseling.com  
832-455-5729

## ADULT ADHD EVALUATION INTAKE FORM

Name: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

What current symptoms/issues are you having that caused you to come in today?  
\_\_\_\_\_  
\_\_\_\_\_

What areas of your life are most affected by your current symptoms?  
\_\_\_\_\_  
\_\_\_\_\_

When did you first notice these symptoms?  
\_\_\_\_\_  
\_\_\_\_\_

Who referred you for ADHD testing? \_\_\_\_\_

Has anyone else in your family been tested for or diagnosed with ADHD? If so, list the family member(s) and when they were tested or diagnosed.  
\_\_\_\_\_  
\_\_\_\_\_

### Educational history

Highest level of education: \_\_\_\_\_  
Diploma or GED? (year) \_\_\_\_\_ GPA or average grades: \_\_\_\_\_  
Postsecondary education: \_\_\_\_\_  
Degree(s) obtained: \_\_\_\_\_

Below is a list of common education problems. For each area, please circle the level(s) of education when you had the issue.  
*(Elementary School = grades K to 4; Middle School = grades 5 to 8; High School = grades 9 to 12; Postsecondary = any college, vocational or technical training after high school)*

### Academic problems

(circle all that apply; if none, skip to the next issue)  
Elementary      Middle School      High School      Postsecondary

In which classes/subjects did you have the most trouble? \_\_\_\_\_

In which classes did you excel? \_\_\_\_\_



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## **Tutoring/special education**

(circle all that apply; if none, skip to the next issue)

Elementary      Middle School      High School      Postsecondary

If you had special education services, what was your reported area of disability? \_\_\_\_\_

If you were tutored, which subjects did you need extra help with? \_\_\_\_\_

More information:

## **Behavior/discipline problems**

(circle all that apply; if none, skip to the next issue)

Elementary      Middle School      High School      Postsecondary

Were you ever suspended or expelled from school? \_\_\_\_\_

Did you ever get into any physical or verbal fights at school? \_\_\_\_\_

Did you often get in trouble for being disruptive at school? \_\_\_\_\_

More information:

## **Disorganization (messy desk or locker, unable to organize projects)**

(circle all that apply; if none, skip to the next issue)

Elementary      Middle School      High School      Postsecondary

More information:

## **Social/peer issues**

(circle all that apply; if none, skip to the next issue)

Elementary      Middle School      High School      Postsecondary

Did you have trouble making or keeping friends? \_\_\_\_\_

Did you often have conflict with others? \_\_\_\_\_

Were you often teased or bullied by others? \_\_\_\_\_

Were you shy or withdrawn as a child? \_\_\_\_\_

More information:



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## **Class attendance problems**

(circle all that apply; if none, skip to the next issue)

Elementary      Middle School      High School      Postsecondary

Were you often late for school or for class? \_\_\_\_\_

Did you often miss several days of school (not for illness)? \_\_\_\_\_

More information:

## **Procrastination/poor time management**

(circle all that apply; if none, skip to the next issue)

Elementary      Middle School      High School      Postsecondary

\_\_\_\_\_ Did you often wait until the last minute to do your homework?

\_\_\_\_\_ Did you have trouble completing and turning in homework?

More information:

## **Childhood behaviors**

**Did you have any of the following as a child or teen? Check all that apply.**

\_\_\_\_\_ Trouble completing assigned chores

\_\_\_\_\_ Trouble getting ready for school in the morning

\_\_\_\_\_ Struggled to keep room organized/clean

\_\_\_\_\_ Misplaced, lost, or had problems keeping track of your items

\_\_\_\_\_ Forgot school work/items between home and school

\_\_\_\_\_ Needed frequent reminders by parents and/or teachers to complete your work

\_\_\_\_\_ Argued a lot or did not follow the rules.

\_\_\_\_\_ Had problems managing your temper/frequent emotional outbursts

\_\_\_\_\_ Damaged property

\_\_\_\_\_ Had trouble managing personal hygiene (bathing, clean clothes)



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## **Relationships/social (current and past)**

**Describe how your symptoms have affected the following relationships, both past and current.**

Current or past relationship(s) with spouse/partner or significant other:

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Parenting your children:

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Family of origin (parents/siblings/grandparents):

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Current friendships:

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Peer relationships during childhood:

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Employer:

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## **Employment history/information**

**What is your current employment status? (circle)**

Full-time   Part-time   Unemployed   Student   Disabled   Homemaker

If employed, what is your current occupation and job title? \_\_\_\_\_

How long have you worked at your present job? \_\_\_\_\_



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## Employment History

Job title	Number of years on job	Reason for leaving
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_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the longest you have worked at one job? \_\_\_\_\_

Have you ever been fired from a job? \_\_\_\_\_

Check any of the following that currently are or have been problems for you at work:

- |  |   |
|--|---|
| <input type="checkbox"/> Often late              | <input type="checkbox"/> Conflict with boss/co-workers  |
| <input type="checkbox"/> Frequent mistakes       | <input type="checkbox"/> Easily distracted              |
| <input type="checkbox"/> Often bored             | <input type="checkbox"/> Problems with organization     |
| <input type="checkbox"/> Late finishing projects | <input type="checkbox"/> Problems learning new material |
| <input type="checkbox"/> Poor time management    | <input type="checkbox"/> Fired or suspended             |

## Health issues

**Have you ever had any of the following? If yes, please state past or current and any relevant details.**

- Allergies \_\_\_\_\_
- Serious head injury \_\_\_\_\_
- Epilepsy/seizures \_\_\_\_\_
- Significant accidents \_\_\_\_\_
- Broken bones \_\_\_\_\_
- Headaches \_\_\_\_\_
- Thyroid condition \_\_\_\_\_
- Hearing or vision problems \_\_\_\_\_
- Any other medical problems \_\_\_\_\_

## Sleep issues

**Check all that apply. If checked, please state past or current and any relevant details.**

- Insomnia (problems getting or staying asleep)
- Teeth grinding
- Daytime sleepiness
- Excessive dreaming/nightmares
- Snoring
- Enuresis (bedwetting)

How many hours of sleep do you usually get each night? \_\_\_\_\_

Have you ever been tested for a sleep disorder? If yes, please tell us when and the results of the test.

\_\_\_\_\_

\_\_\_\_\_



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## Diet

**Please check all that apply.**

Well-balanced diet (food from each food group at every meal: fruits/veggies, grains, dairy, meat/protein)

Eat 3 meals per day

Crave sweets

Often eat at fast food restaurants

Recent appetite change

Daily caffeine use

More information: \_\_\_\_\_

## Exercise

How often do you exercise? How long do you exercise for?

Daily

3 to 5 times per week

1 to 2 times per week

No current exercise routine

## Driving

At what age did you get your driver's license? \_\_\_\_\_

Is your current driver's license valid? \_\_\_\_\_

Have you ever gotten tickets for speeding or other violations? If yes, please describe.

\_\_\_\_\_

Have you ever caused an accident or damaged your car while not paying attention? \_\_\_\_\_

Do you get lost easily or often miss turns? \_\_\_\_\_

Do you get road rage? \_\_\_\_\_

Are you usually running late, which causes you to speed? \_\_\_\_\_

Do others feel safe when you are driving? \_\_\_\_\_

## Other risky/impulsive behavior

**Please check all that apply.**

Drug or alcohol use

Risky sexual behaviors (multiple partners, unprotected sex)

Aggressive behavior

Impulsive decision-making (making decisions without thinking about possible side effects or consequences)

Excessive spending or gambling

## Other information

Have you ever been tested (as a child or an adult) for attention or learning problems? If so, please tell us when and the results of the test. \_\_\_\_\_

\_\_\_\_\_

Is there any other information that would be helpful for us to know? (Please attach more paperwork in necessary.)