Adult Intake

CLIENT INFORMATION

Date: _____

Client Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____

Home Phone: _____ **Social Security Number:** _____

Work Phone: _____ **Sponsor's Social Security Number:** _____

Cell Phone: _____ **E-mail Address:** _____

Referral/Source: _____

Relationship of Client to Sponsor: ☐ Self ☐ Spouse ☐ Child ☐ Other Family Member

Sex: ☐ Male ☐ Female

Race: ☐ Caucasian ☐ African-American ☐ Native American ☐ Hispanic
☐ Asian/Pacific Islander ☐ Other: _____

Date of Birth: _____ **Age:** _____ **Is Client Foreign Born?** ☐ Yes ☐ No

Education: ☐ Less than High School ☐ High School Equivalent/GED
☐ High School Diploma ☐ Vocational ☐ Some College
☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree
☐ Other _____

Marital Status: ☐ Dual Military Couple ☐ Never Been Married ☐ Married
☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Marriage Date: _____ (if applicable) **Number of Marriages:** _____

Divorce Date: _____ (if applicable) **FAP:** ☐ Child Abuse ☐ Spouse Abuse

Privacy Act Statement signed? ☐ Yes ☐ No Referral Source: _____

Spouse or Sponsor Information

Spouse or Sponsor

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **E-Mail Address:** _____

Race: ☐ Caucasian ☐ African-American ☐ Native American ☐ Hispanic
☐ Asian/Pacific Islander ☐ Other: _____

Date of Birth: _____ **Is Spouse Foreign Born?** ☐ Yes ☐ No

Education: ☐ Less than High School ☐ High School Equivalent/GED
☐ High School Diploma ☐ Vocational ☐ Some College
☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree
☐ Other _____

Family Information

Do you have children living at home? ☐ Yes ☐ No

Are you a single parent? ☐ Yes ☐ No

List children and others living with you:	Birth Date	Age	Sex	Does this person have special EFM needs?
1.				☐ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No
5.				☐ Yes ☐ No

Civilian Employment Information

	Client	Spouse/Sponsor
Name of Employer		
Address		

Military Information

Client's/Sponsor's Command: _____

Branch of Service:
☐ Navy ☐ Marine Corps ☐ Air Force ☐ Army ☐ Coast Guard

Status:
☐ Active Duty ☐ Activated Reserves ☐ Retired ☐ Other

Type of Unit:
☐ Aviation ☐ Surface ☐ Submarine ☐ Shore ☐ Other

Pay Grade: _____ **Personal Reliability Program:** ☐ Yes ☐ No

Designator/Rating: _____ **Total Time in Service:** _____

EAOS (End of Active Obligation Service) Date: _____

Arrival Date at Current Duty Station: _____

Departure Date from Current Duty Station: _____

Deployment Status:

☐ In Home Port ☐ Non-Deployable Unit ☐ Deployed

☐ Detached/not yet at New Command ☐ Not Applicable

Quarters: ☐ BEQ/BOQ ☐ Government Housing ☐ Ship ☐ Private Housing

Geographical Bachelor: ☐ Yes ☐ No

PRESENTING PROBLEMS:

Briefly state the problem[s] which brought you to the Fleet and Family Support Program.

When did the problem begin? Give dates as best you can remember:

What do you hope to accomplish by coming to counseling? Has anything helped you before coming to counseling?

TREATMENT GOALS CHECKLIST

Navy Fleet and Family Support Program (FFSP) offers a variety of treatment programs and approaches. In order to offer you the treatment that best matches your reasons for coming to counseling, we ask that you complete the following list of possible treatment goals. Please **check** the number of goals that apply to you.

In coming for counseling, I would like to concentrate on:

☐	1	Reducing my fear of:	☐	26	Improving my sleep.
☐	2	Having more pleasurable activities.	☐	27	Reducing my sensitivity to criticism.
☐	3	Improving communication with spouse/children/friends/coworkers/ others.	☐	28	Discuss hardship discharge or humanitarian reassignment.
☐	4	Expressing myself more assertively.	☐	29	Learning problem solving/decision making.
☐	5	Learning to relax.	☐	30	Talking out a pending decision.
☐	6	Better manage my health (specify).	☐	31	Discussing my desire for discharge.
☐	7	Better tolerate my mistakes.	☐	32	Reducing family difficulties.
☐	8	Better tolerate other's mistakes.	☐	33	Reducing job difficulties.
☐	9	Feeling less guilt.	☐	34	Better managing my temper.
☐	10	Feeling less depressed.	☐	35	Taking initiative more often.
☐	11	Better accepting the loss/death of:	☐	36	Receiving medication help
☐	12	Increasing my conversation skills.	☐	37	Decreasing procrastination.
☐	13	Learning how I come across to others.	☐	38	Better managing time.
☐	14	Not taking disappointment so hard.	☐	39	Decrease trying to be perfect.
☐	15	Doubting myself less.	☐	40	Not react so emotionally.
☐	16	Thinking more positively.	☐	41	Allowing myself to express feelings more.
☐	17	Improving my sexual relationship.	☐	42	Feeling more self confident.
☐	18	Controlling my eating or weight.	☐	43	Discussing my thoughts of harming myself.
☐	19	Controlling my alcohol use.	☐	44	Discussing my thoughts of harming others.
☐	20	Reducing uncomfortable thoughts (specify)	☐	45	Adjusting better to a recent change (specify)
☐	21	Controlling my use of drugs.	☐	46	Adjusting better to a past incident (specify)
☐	22	Better managing my pain.	☐	47	Becoming more optimistic.
☐	23	Learning how to improve friendships	☐	48	Improving my self-awareness.
☐	24	Changing my habit of: _____	☐	49	Adopting a healthier attitude about:
☐	25	Learning more effective parenting skills.	☐	50	Worrying less about:

My three most important goals are (write in the numbers from list above)
FIRST _____ SECOND_____ THIRD _____

ADULT PERSONAL HISTORY

Describe the family in which you grew up:

What are your parents' names? _____

Were your birth parents married? ☐ **Yes** ☐ **No**

Are your birth parents still married? ☐ **Yes** ☐ **No**

If divorced, when? _____

How many brothers? _____ **Ages:** _____

How many sisters? _____ **Ages:** _____

Which child were you by birth? ☐ **Oldest** ☐ **Youngest or** ____ **of**_____ **children**

If you were not raised by your birth parents, who raised you?

Has anyone in your immediate family died? ☐ **Yes** ☐ **No**

If yes, who and cause of death? _____

Is there a history of mental health problems or alcohol or drug abuse? ☐ **Yes** ☐ **No**

Other problems? _____

Describe the relationship your parents or guardians have with each other:

☐ **Cold-Distant** ☐ **Stormy-Arguments**
☐ **Loving-Close** ☐ **Tolerant-Put up with each other**
☐ **Abusive-Verbal and/or physical fights**

Describe the relationship between you and most partners you have been involved with:

☐ **Cold-Distant** ☐ **Stormy-Arguments**
☐ **Loving-Close** ☐ **Tolerant-Put up with each other**
☐ **Abusive-Verbal and/or physical fights**

Describe the relationship between you and your mother:

☐ **Cold-Distant** ☐ **Stormy-Arguments**
☐ **Loving-Close** ☐ **Tolerant-Put up with each other**
☐ **Abusive-Verbal and/or physical fights**

Describe the relationship between you and your father:

☐ **Cold-Distant** ☐ **Stormy-Arguments**
☐ **Loving-Close** ☐ **Tolerant-Put up with each other**
☐ **Abusive-Verbal and/or physical fights**

Describe the relationship between you and your in-laws:

☐ **Cold-Distant** ☐ **Stormy Arguments**
☐ **Loving-Close** ☐ **Tolerant-Put up with each other**
☐ **Abusive-Verbal or physical fights**

School:

Total number of years of education you have completed? _____

What grade average did you receive? ☐ A's ☐ B's ☐ C's ☐ D's ☐ F's

If a college graduate, what degree did you receive? _____

Other trade or technical training you have received: _____

Navy schools you have attended and completed: _____

Work:

What is your present job? _____

How long have you had this job? _____

How do you feel about your job? ☐ Hate it ☐ Tolerate it ☐ Like it

What future profession/career do you hope to have? _____

Financial:

Description of your present financial condition:

☐ Excellent ☐ Good ☐ Fair ☐ Very bad

If you are having financial problems, have you asked for help from the following:

☐ FFSP Counselor ☐ Red Cross ☐ Navy/Marine Corps Relief

☐ Command Financial Specialist ☐ Consumer Credit Counseling

Have you received any letters of indebtedness? ☐ Yes ☐ No

If yes, please list: _____

Spiritual/Community Involvements:

Do you participate in any religious services? ☐ Yes ☐ No

If yes, please describe: _____

Do you participate in any community activities or organizations? ☐ Yes ☐ No

If yes, please describe: _____

Health:

☐ I am in excellent health ☐ I am in good health

☐ I am in fair health ☐ I am in poor health

Have you ever been hospitalized? ☐ Yes ☐ No

If yes, when were you hospitalized and what were you treated for?

_____

List medications you are taking: _____

Have you been in counseling before (Psychiatrist, Psychologist, Social Worker, Marriage & Family Counselor)

☐ Yes ☐ No If yes, when?

Describe reason for seeking help: _____

_____

Abuse Experiences:

Check any of the following incidents that have happened to you and briefly describe:

☐	Verbally abused	By whom: _____
☐	Physically abused	By whom: _____
☐	Sexually harassed	By whom: _____
☐	Sexually abused	By whom: _____
☐	Raped	By whom: _____

Alcohol/Drugs:

Check all that apply to you

☐ I have used drugs in the past

☐ I drink, but I do not get drunk.

☐ I have had some problems with drinking.

☐ I have been told by someone that I have a problem with alcohol.

☐ I can drink more now than in the past.

☐ I do not drink alcohol at all.

☐ When I drink, it helps. ☐ When I drink, it does not help.

Behaviors:

☐	Overeating	☐	Suicide attempt
☐	Vomiting	☐	Do things over and over
☐	Work problems	☐	Can't sleep
☐	Often put things off	☐	Lazy
☐	Act on impulse	☐	Get mad often
☐	Lose control	☐	Can't eat
☐	Sleep all the time	☐	Problems with friends
☐	Cry	☐	Sexual problems
☐	Avoid fearful things	☐	Quit job
☐	Overspend	☐	Stay by myself

Feelings:

☐	Angry	☐	Regretful	☐	Annoyed	☐	Bored
☐	Sad	☐	Restless	☐	Depressed	☐	Lonely
☐	Anxious	☐	Contented	☐	Fearful	☐	Excited
☐	Panicky	☐	Optimistic	☐	Energetic	☐	Tense
☐	Envy	☐	Ashamed	☐	Guilty	☐	Helpless
☐	Happy	☐	Relaxed	☐	Confused	☐	Jealous

☐ Hopeless

Thoughts:

☐ I am not very smart.
☐ I am worthless, a nobody, useless.
☐ I am ugly, unattractive.
☐ I am evil, crazy, degenerate or deviant.
☐ I am confused and cannot think clearly.
☐ I constantly make mistakes. I can't do anything right.
☐ I make friends easily.
☐ People do not like me.
☐ People pick on me.
☐ There are people who want to hurt me.
☐ I have thoughts of harming myself or someone else.
☐ Life is not worth living.
☐ I have difficulty making friends.
☐ The devil is trying to get me to do something horrible.
☐ God speaks to me in a voice like people do.
☐ I know that I am getting messages over the radio or TV.
☐ I will soon be recognized by the world for who I am.
☐ I think life is very serious and people should take it that way.

Privacy Act Statement and Acknowledgment

Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C.§ 552a.

1. **Legal Authority for Requesting Information From You:** 5 U.S.C. Sect. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. **Principal Purpose for Which Your Information Will Be Used:** The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. **Routine Uses Which May Be Made of Your Information:** In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at http://privacy.navy.mil/.

Four of the more important uses are:
a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;
b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.
c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,
d. Disclosure to the Department of Justice for litigation purposes.

4. **Other Disclosure of Your Information:** In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, family-abuse situations, command referred treatment and exchange of information with DSHS regarding abuse situations. Your information may also be shared internally at FFSC with your provider's supervisor and/or a clinical consultation team to coordinate your treatment. For non-clinical appointments, your information may be shared with other FFSC providers for consultation purposes.

5. **Disclosure is Voluntary:** You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me at my request. My FFSC case manager has explained the contents of the Privacy Act statement to me.

Date	Print Name	Signature
Date	Print Child's Name (if 13 or older)	Signature of Child (if 13 or older)
Date	FFSC Witness Signature	

For Active Duty Only: I am currently in the Personnel Reliability Program: Yes ☐ No ☐
(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)

Statement of Rights and Responsibilities and Consent for Treatment

People sometimes encounter difficult situations or crisis in their lives and often benefit from professional counseling services that are available at their Fleet and Family Support Center. Counseling contributes to personal readiness by providing the opportunity to develop problem-solving skills that can reduce stress in the workplace or in personal relationships. When you work with a counselor to address such concerns the following expectations are reasonable:

Client Responsibilities:

1. It is important that you attend and actively participate in each counseling session for the period of time upon which you and your counselor agree.
2. It is important that counseling appointments begin and end on time in order for counseling to be most effective for you, and to ensure other clients don't have to wait for their appointments.
3. If you are unable to attend a scheduled appointment or change your mind about further counseling it is important to give us as much notice as possible. If we do not have contact with you for 30 days, your clinical case will need to be closed. If you should want to return after your case has been closed, a new case will need to be opened.
4. In order to assure success, it is necessary that you commit both time and effort to your goals.

Client Rights:

1. The right to receive quality care and assistance within the center's limits of service.
2. The right to be treated with respect and dignity regardless of race, culture, sex age, disability, creed, socioeconomic status, marital status, and military status.
3. The right to know the identity and professional status of individual(s) providing services.
4. The right to receive an explanation of the assistance being provided and to refuse assistance.
5. The right to limited confidentiality. While FFSC staff may disclose your communications as necessary to carry out the mission of the Family Advocacy Program (e.g., to an Incident Determination Committee, to law enforcement) your information will be protected against any disclosure that is not for an official purpose. The FFSC staff will explain the Privacy Act Statement and Acknowledgement so that you are fully informed about how your information will be used before you receive services.
6. The right to refuse to participate in any data collection for purpose of research or evaluation.
7. The right to be free of any sexual exploitation or harassment.
8. The right to review your own case record when you make a written request at least 24 hours in advance and conduct your review in the presence of a professional staff member. Access does not extend to confidential material provided to the center by other agencies.
9. The right to lodge a grievance if you have reason to believe your rights have been violated. A grievance may be lodged by contacting the FFSC Site Manager either in writing or verbally. A prompt response is guaranteed.

My rights and responsibilities have been explained to me and I have been offered a copy:

Date	Print Name	Signature
Date	Print Child's Name (if 13 or older)	Signature of Child (if 13 or older)
Date	FFSC Witness Signature	