



Collaborative Change Initial Intake Assessment – *ADULT*

Date: _____

IDENTIFYING INFORMATION (for individual receiving services)

Name: _____

Date of Birth: _____

Address: _____

Sex: _____

Marital Status: _____

Home Phone: () _____

Work Phone: () _____

Who referred you to
Collaborative Change?

PRESENTING ISSUE

1. Why are you interested in working with Collaborative Change?

FAMILY HISTORY

2. What are some significant memories from your childhood?

3. How would your family describe you as an adolescent?



4. What is your relationship with your family like?

PAST THERAPY EXPERIENCE

5. Have you had any experience with social services in the past? How was that experience?

SUPPORT SYSTEM

6. Who are the closest people to you? Do you trust them? Why/Why not?

GOALS

7. What are two or three things that your family/friends would say make you a good friend?

8. What are some hobbies/talents that you love doing?



9. What are two goals you would like to reach while working with Collaborative Change?

10. How will you feel when these goals have been reached?

INTAKE THERAPIST

Signature: _____

Date: _____