

**Exodus Health/Exodus Clinic LLC**

**PATIENT INTAKE: SOCIAL/FAMILY HISTORY**

(To be completed by patient)

**Patient Name** \_\_\_\_\_

(Circle one) Married Single Long-term relationship Divorced/Separated

Years married/ in long-term relationship \_\_\_\_\_ Times Married \_\_\_\_\_ Times Divorced \_\_\_\_\_

Children? ( ) N ( ) Y Current ages (list) \_\_\_\_\_

Residing with you? ( ) Y ( ) N If no, where? \_\_\_\_\_

Where are you currently living? \_\_\_\_\_

Do you have family nearby? ( ) Y ( ) N (Please describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education** (check most recent degree):

( ) Graduate school ( ) College ( ) Professional or Vocational School

( ) High School Grade \_\_\_\_\_

Are you currently employed? ( ) Y N ( ) Where (if "no," where were you last employed?)

\_\_\_\_\_ What types of work do/did you do? \_\_\_\_\_ how long have/did you  
work (ed) there? \_\_\_\_\_

Have you ever been arrested or convicted? ( ) Y N ( )

( ) DWI ( ) Drug-related ( ) Domestic violence ( ) Other

Have you ever been abused? ( ) Y N ( )

( ) Physically ( ) Sexually (including rape or attempted rape) ( ) Verbally ( ) Emotionally

Have you ever attended: ( ) Y N ( )

**AA** ( ) Current ( ) Past **NA** ( ) Current ( ) Past **CA** ( ) Current ( ) Past

**ACOA** ( ) Current ( ) Past **OA** ( ) Current ( ) Past

If you are not currently attending meetings, what factors led you to stop? \_\_\_\_\_

Have you ever been in counseling or therapy? Y ( ) N ( ) (Please describe)