**Adult Demographics**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

**Is it okay to send information to this address: YES \_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\***Please note if you indicate “yes” you are responsible for informing this agency if it no longer becomes acceptable to mail to this address.

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OK to leave msg./unblock? ↑ □ Yes □ No ↑ □ Yes □ No ↑□ Yes □ No**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant? Yes □ No □ If yes, are you receiving prenatal care? Yes □ No □

Marital Status: Single □ Co-Habiting □ Married □ Separated □ Divorced □ Widowed □

**Please list the people living in your household:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name | First Name | M/F | Age | Date of Birth | Relationship to you |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**The following information is collected to meet the statistical data requirements of various agencies that provide grants to us.**

**The information is confidential and not divulged by client name.**

|  |  |  |
| --- | --- | --- |
| **Referral Source:**□ Spouse□ Law Enforcement□ Other agencies/professionalsPlease specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Friends/Neighbors/Relatives□ Media □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Your education:** □ Less than 12th grade□ High school grad/G.E.D.□ Beyond high school□ College grad □ Graduate degree**Do you have a disability?**□ Yes □ NoPlease specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Household Income:**□ 0-$14,999□ $15,000-$29,999□ $30,000-$44,999 □ $45,000-$59,999□ $60,000-$74,999□ $75,000 +**Of your household income, how much do you personally contribute?**□ 0-$14,999□ $15,000-$29,999□ $30,000-$44,999 □ $45,000-$59,999□ $60,000-$74,999□ $75,000 + | **Who is the person who has been** **abusive to you ?**□ Spouse (ceremonial)□ Spouse (common law)□ Boyfriend/Girlfriend/Partner□ Parent**□** Child □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If there was a specific abuse incident which** **brought you here, was law enforcement called?** □ Yes □ No □ N/A **Were charges filed?** □ Yes □ No □ N/A **If so, in what county/state?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Was the person who abused you using drugs or alcohol at the time of the incident?** □ Yes □ No **Did he/she have a weapon at the time of the incident?** □ Yes □ No **Do you have a restraining** **order?**  □ Yes □ No  |

**Forms of Control/Abuse – Adult**

**Please check off all that apply only during THIS particular relationship. You can discuss abuse in other relationships during intake.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | Threatened | 1x | 2-4x | 5 or more |  |  | Never | Threatened | 1x | 2-4x | 5 or more |
| Called names |  |  |  |  |  |  | Punching with fist |  |  |  |  |  |
| Refuse to talk to you |  |  |  |  |  |  | Pinching |  |  |  |  |  |
| Restricted you from seeing friends/family |  |  |  |  |  |  | Biting |  |  |  |  |  |
| Restricted you from leaving the house |  |  |  |  |  |  | Scratching |  |  |  |  |  |
| Refuse to allow you access to money |  |  |  |  |  |  | Kicking |  |  |  |  |  |
| Did not allow you to sleep, eat, or seek medical attention |  |  |  |  |  |  | Shaking |  |  |  |  |  |
| Threatening to harm/kill you |  |  |  |  |  |  | Choking |  |  |  |  |  |
| Threatening to harm/kill/take children |  |  |  |  |  |  | Throwing against wall/across the room |  |  |  |  |  |
| Threatening to harm/kill family |  |  |  |  |  |  | Pinning against wall or on ground |  |  |  |  |  |
| Extreme jealousy |  |  |  |  |  |  | Twisting arms, legs, fingers |  |  |  |  |  |
| Throwing objects |  |  |  |  |  |  | Tying with a rope |  |  |  |  |  |
| Harming a pet |  |  |  |  |  |  | Attempting to drown |  |  |  |  |  |
| Pushing/shoving |  |  |  |  |  |  | Burning |  |  |  |  |  |
| Slapping/hitting |  |  |  |  |  |  | Forcing to eat non-edible or poisonous items |  |  |  |  |  |
| Pulling hair |  |  |  |  |  |  | Threatened/used a weapon |  |  |  |  |  |
| Grabbing |  |  |  |  |  |  | Driving recklessly with you in the car |  |  |  |  |  |
| Spitting |  |  |  |  |  |  | Forcing you to have sex even when you do not want to |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **ISOLATION**● Does your partner ever pressure you not to see your friends or family?  Yes □ No □● Has your partner restricted you from doing what you want?  Yes □ No □● Do you avoid friends or family due to fear that your partner will become verbally and physically abusive, rude or embarrassing?  Yes □ No □**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SEXUAL ABUSE**● Does your partner make you feel uncomfortable, embarrassed, or ridicule you about sex?  Yes □ No □● Does your partner blame you for his/her own disinterest in sex? Yes □ No □ ● Does your partner pressure you to have sex? Yes □ No □ | **FINANCIAL CONTROL**● Does your partner try to prevent you from working?  Yes □ No □● Does your partner prevent you from having money to spend?  Yes □ No □● Does your partner prevent access to finances?  Yes □ No □● Does your partner refuse to equally contribute to family earnings and/or bills?  Yes □ No □● Does your partner spend recklessly and /or hide money from you?  Yes □ No □ | **INTIMIDATION/THREATS**● Has your partner threatened (directly or indirectly) to harm you, your children, or your family?  Yes □ No □● Does your partner get so out of control with rage that you become afraid of what he/she *could* do?  Yes □ No □● Do you feel you are “walking on eggshells” because of your partner’s unpredictable temper?  Yes □ No □**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****EMOTIONAL ABUSE**● Does your partner call you names, criticize your actions, appearance and/or character?  Yes □ No □● Does your partner criticize you excessively? Yes □ No □● Does your partner consistently blame you or others for his/her own behaviors? Yes □ No □ |

Therapy Goals Checklist Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any of the following issues that you would like to discuss in therapy:

\_\_Housing

\_\_Employment

\_\_Legal

\_\_Current/past abuse

\_\_Parenting skills

\_\_Drug/alcohol related issues

\_\_Grief/loss issues

\_\_Medical/physical problems

\_\_Anger management

\_\_Sexual assault

\_\_Stress management

\_\_Financial difficulties

\_\_Lack of support systems

\_\_Family of origin difficulties

## Would you like additional information about the following programs offered at the WCFOC?

\_\_Legal advocacy

\_\_Shelter

\_\_Children’s Counseling Programs

\_\_Support Groups

\_\_Educational Groups