
Estimate the severity of above problem: Mild Moderate Severe Very severe

CURRENT: Marital status: __ **Live with someone:** __ **Name:** _____ **Years:** _____

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

PRESENT SPOUSE/PARTNER: Education: _____ **Occupation:** _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

1. _____
2. _____
3. _____
4. _____
5. _____

PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

Father: _____

Mother: _____

Step-parents _____

SIBLINGS (name/age, if dead: age and cause of death & brief statement about the relationship):

1. _____
2. _____
3. _____
4. _____
5. _____

MEDICAL DOCTOR/S (name /phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, head injury):

SPECIFY MEDICATION you are presently taking and for what. **PRINT** clearly:

SPECIFY HERBS/SUPPLEMENTS/VITAMINS/OVER-THE-COUNTER you are presently taking and for what. **PRINT** clearly

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR including **SELF-INJURIOUS BEHAVIOR** or **HIGH RISK ACTIVITIES** (describe: ages, reasons, circumstances, how, etc)

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, diabetes etc):

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1. _____

2. _____

3. USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED: Your age at the time: _____, Describe how it affected you at the time

FAMILY HISTORY OF ALCOHOLISM / SUBSTANCE ABUSE, MENTAL ILLNESS, or VIOLENCE (including suicide, depression, child abuse, hospitalizations in mental institutions, abuse, etc.):

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

ANY HISTORY OF PSYCHIATRIC HOSPITALIZATION

WHAT GIVES YOU THE MOST JOY OR PLEASURE IN YOUR LIFE?

WHAT ARE YOUR MAIN WORRIES AND FEARS?

WHAT ARE YOUR MOST IMPORTANT HOPES OR DREAMS?

RECURRING DREAM(S):

EARLIEST MEMORY (1ST ONE, BE SPONTANEOUS, DO NOT CENSOR):

FAVORITE FAIRYTALE FROM CHILDHOOD:

WHAT ARE YOUR EXPECTATIONS FOR THERAPY?

Please include any additional information you would like me to know about you and your situation