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Please complete this form to the best of your ability. Please note "NA" when an item is not applicable to you.

A. Identification and Contact Information

Name_____ Date_____

Gender F M Date of Birth_____ Age_____

Address_____

City/State/Zip_____

All calls will be discrete.

Cell Phone _____ May I leave a message? ❑ Yes ❑ No

Work Phone _____ May I leave a message? ❑ Yes ❑ No

E-mail _____

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Living Together

Whom should I contact in an emergency?

Name_____ Relationship_____Phone_____

B. Referral

How did you come by my name? _____

May I have your permission to thank this person for the referral? ❑Yes ❑No

How did this person explain how I might be of help to you? _____

_____

C. Main Concern: Please describe the main difficulty that has brought you to see me. Why now? (Include diagnosis if known/applicable).

_____
_____
_____
_____
_____
_____
_____
_____

Circle any problem that pertains to you at the present:

Nervousness	Relaxation	Making Decisions	Stress
Shyness	Legal Matters	Self Control	Memory
Separation	Energy	Inferiority	Appetite
Drug Use	Loneliness	Bowel Troubles	Marriage
Anger	Education	Sexual Problems	Work
Sleep	Undereating	Alcohol Use	Overeating
Friends	Concentration	Nightmares	Temper
Fatigue	Ambition	Stomach Problems	Divorce
My thoughts	Parenthood	Health Problems	Age
Finances	My Appearance	Suicidal Thoughts	Future
Sexual Abuse	Children	Career Choices	Weight
Unhappiness	Depression	Headaches	Fears
Self-esteem	Sexual Orientation	Physical Abuse	

Circle everything that has happened to you in the past three years:

Death of a spouse/partner	Marriage Problems	Changes in marital status
Death of another family member	Family Problems (Children, in-laws)	Loss of Job
Major illness or injury–yourself	Financial Problems	Move city or state
Major illness or injury–family member	Legal Problems	Other: _____

Please list any additional information that you believe may be helpful or that you want me to know:

_____
_____
_____
_____

What kinds of skills do you use to help you get through distressing times?

_____
_____
_____

How do you self-soothe? What do you do to take care of yourself? How do you relax?

_____
_____
_____

What kinds of things do you like to do to distract yourself?

_____
_____

What emotions do you have trouble with? What kinds of skills help you manage strong emotions?

_____
_____
_____
_____

What relationships do you struggle with? How do you deal with those difficult relationships? What kinds of skills do you use?

_____
_____
_____
_____
_____

What kinds of skills do you think you might need help with?

_____
_____
_____
_____
_____
_____

D. Work, Military, Hobbies

Occupation:_____How Long?_____

Place of Employment:_____How Long?_____

_____

Have you ever been or are you now in the military? Yes ____No____

Do you believe that you have suffered from military PTSD or trauma?

_____

_____

What do you do in your spare time? Hobbies, interests, etc.

_____
_____
_____
_____

E. Relationships

Please list current and past marriages or significant romantic relationships.

To Whom	Length of Relationship (approximate dates)	Children From Relationship? (names & ages)	Reason Relationship Ended

If currently in a relationship:

Briefly describe nature of relationship_____

_____

Partner's Age:_____Occupation:_____

Has your partner been previously married? ❑ Yes ❑ No Number of times:_____

How long since partner's last marriage?_____

Number of children from partner's previous marriages: _____ Ages of partner's children: _____

_____

With whom are you currently living? Include pets!

Name	Relationship	Age	How do you get along? Are they supportive of you?	Use of Alcohol/Drugs Mental Illness or Other Problems (note here if person is no longer living)

Who lived in the house where you grew up?

Name	Relationship	Age	How do you get along? Are they supportive of you?	Use of Alcohol/Drugs Mental Illness or Other Problems (note here if person is no longer living)

Where did you grow up? How was it to grow up in your family?

F. Medical/Physical Information

From whom or where do you get your medical care?

Clinic/Doctor's Name _____ Phone_____

List any health problems for which you currently receive treatment:_____

_____

List any past health problems including accidents:_____

_____

List any medications you currently take and for what reason:_____

_____

How do you sleep? Any concerns?_____

Have you had any changes in your eating habits lately? If yes, please explain _____

_____

G. Mental Health

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? ❍ Yes ❍ No If yes, please indicate:

When?	From Whom?	For What?	With What Results?

Are you thinking about suicide now? ❑ Yes ❑ No

Have you thought about suicide in the past? ❑ Yes ❑ No

Have you ever attempted suicide? ❑ Yes ❑ No

If yes for any of the above 3 questions, please indicate: when, why, how (how did you try to kill yourself), and what happened (treatment, hospitalization, consequences, etc.)_____

_____

_____

_____

_____

Do you now, or have you ever engaged in self-harm (e.g. cutting, burning, or hurting yourself in any way) or other potentially damaging or impulsive behaviors (e.g. unsafe sex practices, gambling, impulsive spending)?

❑ Yes ❑ No If so, please describe. Include history, frequency, the last time you engaged in the behavior(s), and anything else you think it would be important for me to know.

Are you now, or have you ever been, the victim of any kind of abuse (emotional, physical, sexual)?

❑ Yes ❑ No If yes, please explain

H. Spiritual/Religious Beliefs/Practices.

Is religion or spirituality important to you? _____

Do you consider yourself a spiritual person? _____

I. Chemical Use

Do you believe you have a drug or alcohol problem? Currently ❑ Yes ❑ No

In the past ❑ Yes ❑ No

List all tobacco, non-prescribed drugs, and alcohol, that you currently use or have used in the past (indicate frequency and amount):

Type	First Used	Last Used	Amount/Frequency

J. Legal

Please list and describe any arrests or legal problems:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____