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Thank you very much for taking the time to complete this form as thoroughly as you can. Please feel free to ask me any questions as they arise. Completing this form is a time-efficient way of enabling us to begin our interactive work as quickly as possible, while also providing me with needed information. I understand it is not possible to include everything of relevance on a form, no matter how detailed, so please feel free to mark any items with an asterisk that you feel need more elaboration or you have questions about. If there are questions you prefer not to answer that is not a problem and we can discuss them when we are together. Thank you!

Name: _____ Preferred Name: _____

Date of Birth: _____ Current Age: _____

Gender: _____ Pronoun preference _____

Address: _____

_____

Your marital status (please circle one) :

Never Married Cohabitate Married Widow/Widower Separated Divorced

Name of Spouse/Partner if applicable:

Home Phone: _____ Cell: _____ Office: _____

Email: _____

Which number (s or method of contact) should I use to reach you if needed?

Who/How were you referred to me?

Do I have your permission to thank that individual or do you prefer that I not?

Is there someone I may contact in an emergency? Please note that no information will be released without your specific permission, unless the situation falls within one of the exceptions to confidentiality we will discuss. This contact information is only for one of these emergency situations and any disclosure will be limited to the most minimal information necessary to assure safety.

Name: _____ Relationship_____

Phone number(s) : _____

Current Level of Education: Are you a student? Grade/Year:

What is your occupation? Full or Part-time (please circle one)

Briefly, as we will discuss this together at length, what has prompted you to decide to see me today and what are you hoping to accomplish in our work together?

_____

_____

_____

_____

_____

_____

When did this issue begin? _____

What have you tried to cope with this so far?

Have you consulted a Psychologist, Psychiatrist or other therapist in the past? _____

For what concerns? _____

What was the outcome and how did you feel about that working relationship? How successful was it? What did you most like/dislike about this experience?

When was this? _____

Who did you see? _____

What was the diagnosis at that time? _____

How often did you work together?

How helpful was this experience?

Are you taking any medications, either prescription, or over the counter, on a regular basis? If so, please list them (please include medications for physical as well as mental health issues):

Have you taken any medications in the past for mental health issues (anti-depressants, anti-anxiety, ADD, etc;)

If so, please let me know which ones, for how long, were they helpful, and who prescribed them?

Any history of hospitalization for mental health issues?

If yes, please describe each: the precipitant; when; where; for how long, and the outcome of that treatment:

Have you made any suicide attempts in the past? If so, please let me know when, by what means, and any treatment that followed:

Where does your extended family (parents, grandparents) live:

Any mental health concerns with your parents/grand-parents/ Please describe:

Are your parents alive?

If deceased, please share their ages at the time of their death and the cause of death:

Please list your siblings, their names, their age, and any significant mental health issues they have:

Name	Age	Lives Where?	Health Concerns?

If you have children, please list their names, ages, and where they live:

Do you have any step-children:

How would you describe your relationships with each of your children?

Do you have any significant medical issues or whether you are receiving treatment for any medical issues? If yes, kindly describe:

Has your physical health changed in the past year or two? If so, please describe:

Any history of post-partum depression/fertility treatment/pre-menstrual dysphoric disorder?

Any history of alcohol/substance abuse or dependence?

If yes, please describe.

Do you use tobacco products? If yes, please describe.

How many alcoholic beverages do you consume in an average week? What type?

Any other history of substance use?

How satisfied are you with your weight?

How would you describe your overall health?

Have you noticed any changes in your appetite over the past year?

Have you gained/lost more than 10 pounds in the past year?

How satisfied are you with your sex life?

How satisfied are you with your sleep?

How many hours of sleep do you generally receive per night?

Any trouble falling asleep?_____If so, how long does it take on average? _____

Any trouble with early morning or middle of the night awakening?_____

Do you exercise at all?

How satisfied are you with your level of social support?

What is your circle of support at this point in time?

What do you do for recreation/relaxation/stress reduction on a regular basis?

How satisfied are you with your current job/school?

Please tell me anything else that you think would be of help in my understanding of your concerns.

Thank you~