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Please thoughtfully complete this form in its entirety to provide us information about you and your needs.

CLIENT NAME(S):____**DATE:**________________

ADDRESS: ____ **HOW LONG?**__________

BIRTHDATE:__________________**AGE:**________ **MARITAL STATUS:**______________________

PRIMARY REASONS FOR SCHEDULING AN APPOINTMENT: ___________________________________

____

HOUSEHOLD & RELATIONSHIPS: With whom do you live?

NAME **SEX** **AGE** **RELATIONSHIP TO YOU** **OCCUPATION**

____
____
____
____

CHILDREN LIVING OUT OF HOME:

NAME **SEX** **AGE** **RELATIONSHIP TO YOU** **LOCATION**

____
____
____

OTHER IMPORTANT RELATIONSHIPS/SIGNIFICANT OTHERS NOT IN HOME:

____

FAMILY OF ORIGIN:

AGE (or age at death) **LOCATION** **OCCUPATION**

MOTHER FIGURE____
FATHER FIGURE____
SIBLINGS____

DESCRIBE YOUR CHILDHOOD: (relationship with caregivers; presence of: abuse, neglect, domestic violence, substance abuse in home; most difficult period of time for you)___________________________

____
____
____

PSYCHOLOGICAL AND MEDICAL HISTORY

OUTPATIENT TREATMENT

DATES	REASON/DIAGNOSIS	PROVIDER

INPATIENT TREATMENT

DATES	REASON/DIAGNOSIS	FACILITY

MEDICATIONS

NAME/TYPE	DOSE/FREQUENCY	MEDICAL CONDITION	PRESCRIBER

FAMILY PHYSICIAN/MEDICAL PROVIDER____

HAVE YOU EVER MADE A SUICIDE ATTEMPT OR THOUGHT ABOUT COMMITING SUICIDE?

DATE(S)?___________________________

EXPLAIN____

AT WHAT AGE DID YOU BEGIN USING ALCOHOL?__________________________________

WHAT IS YOUR CURRENT ALCOHOL CONSUMPTION?_______________________________

HOW MANY DRINKS?______________**DAILY**____________**WEEKLY**

DID/DO YOU THINK YOU HAVE A PROBLEM WITH ALCOHOL?__________________________________

DID/DO YOU USE MEDICAL MARIJUANA?__________________**FREQUENCY**______________________

DID/DO YOU SMOKE OR USE TOBACCO? __________________ **FREQUENCY**______________________

DID/DO YOU USE OR ABUSE ILLICIT DRUGS? ________________**FREQUENCY**______________________

TYPE(S)_______________________________**DATE LAST USED**__________________________

DO YOU HAVE A FAMILY HISTORY OF MENTAL ILLNESS?_______ **SUICIDE ATTEMPTS/COMPLETION?**___

EXPLAIN:____

DO YOU HAVE A FAMILY HISTORY OF ALCOHOLISM OR DRUG ABUSE?____________________________

EXPLAIN:____

_

ARE YOU NOW OR HAVE YOU BEEN IN AN ABUSIVE RELATIONSHIP? ______________________________

domestic violence______ emotional_____ physical________ sexual_________other_________

WHAT AGE(S) WERE YOU?_______________EXPLAIN:__________________________________

____

DO YOU HAVE CONCERNS ABOUT ANGER CONTROL?____

DO YOU HAVE CONCERNS ABOUT IMPULSE CONTROL/COMPUSLIVE BEHAVIOR? (gambling, Internet porn, hooking up?)_______EXPLAIN:____

____

DO YOU HAVE SEXUAL CONCERNS (Frequency, ED, pain, side effects of meds)______________________

____

OTHER MEDICAL HISTORY (Disability, Surgeries and dates, Allergies)_______________________________

____

SLEEP: AVERAGE HOURS OF SLEEP?_________SOLID?_______RESTLESS?_______NIGHTMARES?________

FREQUENCY?___________DESCRIBE____

NUTRITION: APPETITE: EXCESSIVE?____________POOR?____________

WEIGHT: CHANGE?______HOW MUCH?__________OVER WHAT TIME PERIOD?_____________________

HISTORY OF EATING DISORDER?____

SOCIAL HISTORY

EARLY DEVELOPMENT: (adoption, illnesses**,** injuries)____

EDUCATION: (Highest Level Achieved, GPA, Learning Challenges, Discipline Issues):__________________

____

____

EMPLOYMENT (including military):

POSITION/AGENCY DATES OF EMPLOYMENT JOB-RELATED ISSUES/INJURIES

____

____

____

____

CULTURAL: (Religious tradition, ethnic background, community, and customs)_______________________

____

LEGAL HISTORY: (Arrests, convictions, DUI, pending charges, parole)______________________________
____

FINANCIAL HISTORY: (Financial stability, bankruptcy, foreclosure, repossession, collections)____________
____

LEISURE ACTIVITIES--PRESENT AND PAST: (Hobbies, interests, social life, volunteer work)_____________
____

HISTORY AND DATES OF LOSSES/CHANGES/CRITICAL INCIDENTS:
____
____
____
____
____

OTHER CONCERNS THAT YOU WISH TO DISCUSS:________________________________
____

FORM COMPLETED BY: _______________________________

SIGNATURE: __________________________**DATE:**_________