

Briefly explain what brings you to counseling? _____

How long have you considered counseling? _____

What finally helped you decide to come? _____

Has life been satisfying to you? ____ Yes ____ No (Please explain) _____

Who or what have you lost of major significance in the past five years? _____

Are issues related to God, faith or spirituality important to consider in your counseling? ____ Yes ____ No (if yes, please describe on the back of this page)

Describe your current occupation (job, volunteer work, school, etc.) _____
Is your occupation satisfying to you? __ Yes __ No Are you satisfied with your current social life? __ Yes __ No (Please explain) _____

Have you had counseling or psychiatric care in the past? ____ Yes ____ No (If yes, please list the names of those with whom you were in treatment, the dates and length of treatment) _____

Are you currently being treated for any medical conditions? ____ Yes ____ No. If yes, (please describe and give the names of your physicians) _____

When was your last physical? _____

Please list all the medically prescribed prescriptions you are taking, and their dose: _____

Please check which of the following substances you use and, after each you have checked, describe your pattern of use (number of times a day/week/month and amount):

	Pattern of Use		Pattern of Use
_____ Alcohol	_____	Cocaine	_____
_____ Tobacco	_____	Marijuana	_____
_____ Caffeine	_____	Amphetamines	_____
_____ Pain pills	_____	Ecstasy	_____

_____ Tranquilizers _____ Other _____

RELATIONSHIP INFORMATION:

(Please check the one that applies to you and how long have you been in this relationship status? _____)

Single Engaged Long-term committed relationship Married Separated Divorced Widowed

If in a relationship, what is your partner's first name? _____

Please list the first names and ages of any children currently living in your home:

Children living away from home: _____

Names and ages of your siblings: _____

Your birth order: Only child Oldest Child Middle child Youngest child

IMPORTANT FAMILY HISTORY:

Many factors have a strong effect on family life. Please check which of the following events occurred in your family, either that happened to you, or that you witnessed. After each you have checked, please briefly describe who was involved in the event.

Physical Abuse (received or witnessed)

Emotional abuse

Verbal Abuse

Sexual abuse

Neglect or abandonment

Suicide

Homicide

Drug or alcohol abuse

Domestic violence

Please list other events you believe had an important effect on your family or you:

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WOULD BE HELPFUL TO ME IN UNDERSTANDING YOU BETTER.

YOU CAN EITHER EMAIL THIS FORM TO ME IN ADVANCE OF YOUR APPOINTMENT, OR BRING IN WITH YOU TO YOUR FIRST APPOINTMENT