

Name: \_\_\_\_\_ Today's Date : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home(\_\_\_\_) \_\_\_\_\_ Message? YES / NO Work(\_\_\_\_) \_\_\_\_\_

Cell(\_\_\_\_) \_\_\_\_\_ Text? YES / NO Occupation \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

E-Mail Address: \_\_\_\_\_ Marital/Significant Partner Status: \_\_\_\_\_

Educational Background: \_\_\_\_\_ Learning Disabilities: \_\_\_\_\_

Emergency Contact: Name/Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Family Information**

	Name	Living?	Age	Marital Status	Educational Background/ Occupation	Sig. illness, Addictions	Other Sig. Issues
Father							
Mother							
Children							
Siblings							
Step Parents							
Grandparents							
Closest Friends							
Other Sig. People							

### **Health and Medical Information**

Are you currently being treated by a medical practitioner? \_\_\_\_ Yes \_\_\_\_ No

If yes, for what purpose?

Do you have any chronic medical or physical conditions? Yes \_\_\_\_ No \_\_\_\_

If yes, what are they and how do they affect you?

Please list all the prescription and non-prescription medications you are currently taking:

Have you or someone you are close to ever been concerned about your alcohol or drug use?

### **Other Information**

Describe the problem you are currently experiencing. Include when it started, how it affects you, and estimate the severity of the problem (mild—moderate—severe—very severe)

What specifically would you like to accomplish in working with me?

What prior experience do you have with counseling or psychotherapy? What has been helpful and what has not been helpful in the past?

Please comment on any significant life experiences you have had that have had an important effect on making you the person you are today (these could be positive or difficult and traumatic experiences).

What other information would be of value to me in helping you?