6907 Vista Drive West Des Moines, IA 50266 phone: 515.225.2015 fax: 515.225.1744 www.glenhavencounseling.com

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Do you have a family physician? If so, list name and city/town:

Are you currently taking any medication? If so, what kind(s), what dosage(s), and for what specific condition(s)?:

Have you been in therapy or received any professional assistance for your problem(s)? If so, who was your therapist and when did you see him/her?

Have you ever been hospitalized for psychiatric or psychological problems? If so, when and where?

Does any member of your family suffer from an “emotional” or “mental” condition? If so, please specify person and condition:

Are there any medical or physical conditions that might affect the course of your therapy here? If so, indicate the nature of such:

Do you have a religious affiliation?

Where do you attend?

Who referred you to this office?

List the major events that have taken place in your life during the past three years (i.e., births, deaths, accidents, moves, children leaving home, etc.):

Are you here to address any issues or memories of abuse? Please be specific:

What specific problems or difficulties are you here to discuss?

Check anything else below that may have contributed to your reason for seeking help at this time:

\_\_ Feelings over a death \_\_ Family Problems \_\_ Suicidal Thoughts

\_\_ Alcohol or Substance Abuse \_\_ Relationship Problems \_\_ Academic Problems

\_\_ Another’s Substance Abuse \_\_ Inability to Concentrate \_\_ Work Related Problems

\_\_ Spiritual Concerns \_\_ Eating Behavior \_\_ Suggested by Someone

\_\_ Depression, Crying Spells \_\_ Sleeping Disturbances \_\_ A Sexual Experience

\_\_ Stress or Anxiety \_\_ Financial Concerns \_\_ Other:

Please list any other significant events that have taken place in your life that you might like to discuss with the counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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