Name: _____DOB:_____Age_____

Address: _____City/Zip: _____

Home Phone: _____Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Relationship Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated
☐ Widowed ☐ Never Married ☐ Remarried ☐ Cohabitating

If Single are you currently in a romantic relationship? ☐ No ☐ Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

☐ No ☐ Yes, Previous therapist/practitioner: _____

Are you currently taking any prescription medication?

☐ No ☐ Yes

Please list: _____

Have you ever been prescribed psychiatric medication? ☐ No ☐ Yes

Please list: _____

Family Information for Minor Client:

Person (s) Responsible for Minor (s) (under age 18) Client:

Name (s): _____

Child's or Children's Name / Age / Current School Grade / Name of School:

_____

_____

1. Are you currently employed? ☐_No ☐_Yes
   If yes, what is your current employment situation?

_____

2. Do you enjoy your work? Is there anything stressful about your current work?

_____

_____

_____

3. What do you consider to be some of your strengths?

_____

_____

_____

4. What do you consider to be some of your challenges?

_____

_____

_____

5. What would you like to accomplish out of your time in therapy?

_____

_____

_____

6. Are you currently experiencing overwhelming sadness, grief or depression?

☐ No ☐ Yes

If yes, approximately how long? _____

7. Are you currently experiencing anxiety, panic attacks or have any phobias?

☐ No ☐ Yes

If yes, when did you begin experiencing this? _____

8. Are you currently experiencing any chronic pain?

☐ No ☐ Yes

If yes, please describe_____

9. Do you drink alcohol more than once a week?

☐ No ☐ Yes How often_____

10. How often do you engage in recreational drug use?

☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

11. What significant life changes or stressful events have you experienced recently:

Referred by: ☐ Friend/Family ☐ Internet ☐ Psychiatrist/Therapist ☐ Other