

Please answer these questions as honestly and completely as possible. In keeping with professional ethics, this and all other written or verbal knowledge you share with me will be held in confidence.

Name _____

Address _____

City _____ Zip _____

Cell Phone _____

Date of Birth _____

Marital Status _____

Please state why you decided to come for counseling?

What do you hope to achieve in therapy?

Have you had previous counseling? If yes, please describe (when, how long, why etc.)

Please circle the words that you might use to describe yourself:

Intelligent	confident	worthwhile
ambitious	sensitive	loyal
trustworthy	full of regrets	worthless
useless	evil	crazy
morally degenerate	considerate	a deviant
unattractive	unlovable	inadequate
confused	ugly	stupid
naïve	honest	incompetent
horrible thoughts	conflicted	difficulties
memory problems	attractive	can't make decisions
suicidal ideas	persevering	good sense of humor

Family History

Describe the atmosphere in your home where you grew up.

How was love expressed in your family?

Childhood History

Underline any of the following that applied to you during your childhood/adolescence:

Happy Childhood	School Problems
Unhappy Childhood	Family Problems
Emotional/Behavioral Problems	Sexual Problems
Trouble with the Law	Drug Use
Medical/Health Issues	Alcohol Abuse
Peer Problems	Alcohol or Drug abuse by family member

Do you have what you consider to be childhood or other traumas? If yes, please describe.

Have you ever been sexually molested or harassed?

Spiritual History

Describe your religious upbringing:

Present Affiliation: _____

Is this important in your life? _____

Why or why not? _____

Personal Relationships

Describe how you would characterize your relationships with:

Family Members _____

Co-workers _____

People in Authority _____

Physical History

Do you have concerns about your physical health? If so, please specify: _____

Please list any medications that you have taken in the last six months (including aspirin, birth control pills, or any other medications that were prescribed or taken over the counter).

Do you eat three well-balanced meals each day? If not, please explain. _____

Do you get regular exercise? If so, what type and how often? _____

Have you ever had a miscarriage? Yes/ No

Are you currently pregnant? Yes/No

Do you suffer mood or physical changes around the time of your period? Yes/ No

If so, how severe are these changes: LOW 1 2 3 4 5 6 7 8 9 10 HIGH

Work History

Occupation _____

If presently unemployed, please describe the situation. _____

Non-work interests. _____
