

Date: _____

Name: _____ Age: _____

Date of Birth: _____

Address: _____

Phone primary: _____

Phone secondary: _____

Email: _____

Race: _____

Where did you grow up?: _____

Marital/Relationship Status: _____

Education: _____

Occupation: _____ SSN #: _____

Partner's Name: _____

Age: _____

Occupation: _____

Religion (background, beliefs, involvement): _____

Emergency Contact/ Phone number/ Relationship:

Closest Relationships	age	sex	relationship	living with you
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Name: _____

Name: _____

Please describe your current living situation:(do you live with others?):

I would describe my friendships as: _____ Close _____ Somewhat close _____ Distant
_____ Conflicted _____ Other

Have you participated in therapy before? ___ Y ___ N

Reason: _____

Are you currently seeing a psychiatrist? ___ Y ___ N

Have you or a family member ever been hospitalized for mental or emotional issues? ___ Y ___ N

If yes, please explain: (dates, where, reason):

Substance abuse or addiction history? ___ N ___ Y

If yes, please explain: _____

Legal History (arrests , prison , DWI ?):

MEDICAL INFORMATION:

Doctor's Name: _____

Phone Number: _____

Are you on any medications? ___ Y ___ N

If so, what, how much, why? _____

PRESENTING PROBLEM: State the nature of the problem in your own words: _____

Your most difficult relationship is:

Your most difficult emotion is:

What are your two most important goals for therapy ?

1. _____

2. _____

FAMILY INFORMATION:

How many siblings do you have?: _____

How would you describe your relationship?: _____

Describe your relationship with your mother and father:

CRISIS INFORMATION:

Any current suicidal thoughts, feelings or actions ? Y_____ N_____

If yes, explain:

Significant losses?:

Anything else you feel important that I should know about?:

Who referred you to this practice ?

Thank you for taking the time to fill out this information sheet. This will be reviewed and used to best assist you in your psychotherapeutic work.