

I. CURRENT PROBLEMS AND SYMPTOMS

Why are you coming to therapy?: _____

Please indicate the degree of difficulty experienced in each area by marking each item with the appropriate number:
1 = No Difficulty 2 = Mild Difficulty 3 = Moderate Difficulty 4 = Severe Difficulty

- _____ Job/School _____ Family Relationships _____ Friendship _____ Partner/Relationship Issues
- _____ Food/Body Image _____ Violence/Abuse/Trauma _____ Alcohol/Drug Use _____ Medical Condition
- _____ Life Transition(s) _____ Grief/Loss _____ Sexual Identity
- _____ Other _____

I have had an unwanted sexual experience: ___never ___recently ___in the past
I consider my unwanted sexual experience to be: ___rape ___incest ___sexual assault
other _____

I am dissatisfied with my personal appearance: Yes No
I have tried to control my weight _____recently _____in the past with:
___vomiting ___not eating/dieting ___laxatives ___excessive exercise ___diet pills ___diuretics

II. SELF-HARM AND AGGRESSIVE BEHAVIOR

Have you ever had thoughts of wanting to end your life? _____ If yes, when? _____
Have you ever had a plan as to how, when, or where you might end your life? _____ If yes, when? _____
Have you ever attempted to harm yourself? _____ If yes, when? _____
Have you ever thought about seriously harming another person? _____ If yes, when? _____
Have you ever had specific plans as to how, when, or where you might harm someone? _____ If yes, when? _____
Have you ever attempted to physically harm someone? _____ If yes, when? _____

III. FAMILY INFORMATION:

Who currently lives in your house with you?:
Name Age Relationship (i.e. husband, partner, son, stepdaughter)

Is your mother still living? ___yes___no Is your father still living? ___yes___no

Are your parents (Circle all that apply): Married To Each Other Divorced/Separated Remarried

Is there any alcohol or drug abuse in your current home that concerns you? Yes No Unsure
Is there any violence or other abuse in your current home that concerns you? Yes No Unsure

Was there any alcohol or drug abuse in your home growing up? Yes No Unsure
Was there any violence or physical/sexual abuse in your home growing up? Yes No Unsure

How would you describe your relationship with your mother? Good Fair Poor Non-Existent
How would you describe your relationship with your father? Good Fair Poor Non-Existent

_____ (Please Initial Here)

IV. SOCIAL INFORMATION:

How easy is it for you to make friends?: Very Difficult Somewhat Difficult Fairly Easy Very Easy

How supportive/trustworthy do you feel your friends are?: Very Somewhat A little Not at All

What do you like best about your friendships?: _____

What do you wish were different about your friendships?: _____

Are you (circle all that apply): Single Committed Relationship Married Separated/Divorced Bereaved

V. MEDICAL/MENTAL HEALTH INFORMATION

Name of your doctor: _____

Address/Medical

Group: _____ Telephone Number: _____

Do you have any ongoing medical conditions? _____ If yes, please explain: _____

Are there any prescribed medications that you are currently taking? _____ If yes, please list: Medication: _____ Dose (If known): _____ Frequency: _____

Have you ever received counseling or psychotherapy before? _____ If yes, please list: Therapist Name: _____ Location (City/State): _____ Dates: _____

Have any family members been diagnosed or treated for mental or emotional conditions? _____ If yes, please explain: _____

VI. SUBSTANCE USE

I use alcohol/drugs:

- Several Times Per Week
- Weekly
- Monthly
- Less Than Once Per Month

The following has resulted from my use of alcohol/drugs:

- traffic ticket/violation
- ruined relationship
- Black outs
- fight with friend
- Problems with school
- Difficulties with memory

Do you have any concerns about your alcohol or drug use? _____ If yes, please explain: _____

VII. REFERRAL INFORMATION

How did you hear of me? _____ May I have permission to contact this person to thank him or her for the referral? _____

I, _____, hereby state that the information provided above is true to the best of my knowledge.

(Signature)

(Date)