

About You

your initials: _____

Date: _____

Please remember: answering these questions is 100% optional. If you do decide to complete this form, please bring it to our first or second session.

Current Reasons for Therapy:

How long have you been experiencing the issues that are bringing you into therapy?

Have you been in therapy in the past?

Have you ever consulted with your doctor or a psychiatrist about any symptoms?

Family:

If you have brothers or sisters, please list their ages (not names), also if your parents are still living together.

Is there anything you would like me to know about medical history or psychiatric history in your family?

General:

Do you have any general medical conditions that would be important for me to know about?
Have you had any major accidents or surgeries in the past?

Do you have a history of trauma? Y N Maybe
(No need to write anything down; we can talk about this when we meet.)

What kind of work do you do? What did you or do you study when you were in school?

What is your pattern of alcohol and substance use? Do you have past or current concerns about your use of alcohol or other substances?

Do you have any past or current concerns about disordered eating?
