

About You

your initials: _____

Date: _____

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? Y N

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

Family

Are your parents still living, together? Y N Please list ages of any brothers or sisters:

Support System:

How would you describe your support system? (inadequate, adequate, strong)

Your Medical History

Surgeries, illnesses, accidents (including head injuries)?

Headaches, gastrointestinal issues (including constipation, diarrhea, etc), pelvic issues, etc.?

How would you describe your sleep (adequate, inadequate, etc.)?

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

Trauma History

Do you have a history of trauma? Y N Maybe

(No need to write anything down; we can talk about this when we meet.)

Work and School

What kind of work do you do? What did you (or do you) study at school?

Alcohol and Substance Use

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