Information & History

Name:_____ **Birthdate**_____

Address:_____

City, State, Zip:_____

Home Phone:_____ **Cell:**_____

Workplace: _____

Reason for visit:

Have you been experiencing any of the following?

- ❑ **Depressed Mood**
- ❑ **Anxious**
- ❑ **Sleep-related problems**
- ❑ **Weight changes**
- ❑ **Difficulty concentrating**
- ❑ **Legal problems**
- ❑ **Panic attacks**
- ❑ **Difficulty adjusting to life changes**
- ❑ **Hopelessness**
- ❑ **Loss/grief**
- ❑ **Mania**
- ❑ **Worrisome**
- ❑ **Tearful**
- ❑ **Lack of interest in activities**
- ❑ **Suicidal thoughts/feelings**
- ❑ **Thoughts/feelings about hurting other(s)**
- ❑ **Sexual difficulties**
- ❑ **Obsessive thoughts**
- ❑ **Compulsive behaviors**
- ❑ **Hallucinations**
- ❑ **Delusions**
- ❑ **Flashbacks**
- ❑ **Nightmares/night terrors**
- ❑ **Phobias**
- ❑ **Past substance use/abuse**
- ❑ **Current substance use/abuse**
- ❑ **Cutting/self harm**
- ❑ **Other** _____

When did you first start noticing this/these challenges?

Have you even been in treatment or hospitalized for substance use or mental illness?
Yes ____ No ____ If so, when?

Do you have any history as a victim of physical _____ mental _____ and/or sexual _____ abuse?

Do you have any history as the perpetrator of physical _____ mental _____ and/or sexual _____ abuse?

Have Child Protective Services been involved in your life situation as a child _____ or parent/caretaker _____?

Has anyone in your family been treated for substance abuse or dependence?
Yes ____ No _____ If so, which relative?

Does anyone in your family have a history of or is currently using substances?
Yes ____ No _____ If so, is the use current or past? _____ Which relative?

Are you currently experiencing any health problems? Yes _____ No _____
If yes, please explain.

Do you have a history of any medical problems? Yes _____ No _____
If yes, please explain.

Are you currently taking any medication? Yes _____ No _____
If yes, please list each medication and its purpose:

Do you have current or past involvement with the military? Yes _____ No _____
If so, please explain.

What is your educational background?

What is your work/career background?

Please describe any childhood experiences that are significant to you.

What talents, interests or endeavors do you feel you have?

What would you like to see happen from your time here?