Dr. Leah B. Samler, LLC

53 W. Jackson Blvd. Suite 635

Chicago, IL 60604

Please complete the following information, leaving blank any item that you do not feel comfortable answering or that does not apply. Place an asterisk (\*) next to items you would like to emphasize in therapy.

Name:

Date:

Describe your main reason for seeking therapy at this time?

What is your age?

How do you identify your gender?

How do you identify your sexual orientation?

How would you describe your relationship status?

How do you identify your race/ethnicity/culture?

What is your education level?

Are you currently a student?

What is your occupation?

What is your employment status?

If you were raised in a particular religious/spiritual tradition, please describe.

What is the role of religion/spirituality in your life currently?

Have you ever been in therapy before?

If yes,

When?

How long?

With Whom?

For what?

What did you find helpful or not helpful about your previous experience with therapy?

Have you ever been psychiatrically hospitalized?

If yes,

When?

How long?

Where?

For what?

Have you ever had suicidal thoughts or attempts?

If yes,

When?

Please describe the nature of the suicidality.

When was your last physical?

Please describe any medical conditions/disabilities you may have:

List any prescribed medications, OTC, vitamins and supplements you take:

How many, alcoholic beverages to you consume per week?

How old were you when you had your first alcoholic beverage?

Do you smoke cigarettes?

If yes,

How old were you when you first smoked?

How long have you been smoking?

How many cigarettes do you smoke daily?

Use the scale below to indicate the degree to which each area is of concern for you. Provide a number for each item.

0 1 2 3 4 5 6 7 8 9 10

Minimal Significant

Sadness and depression

Grief and loss

Nervousness and anxiety

Behaviors/habits/rituals you feel compelled to do in a specific way

Stress

Frustration/anger

Inconsistencies in mood

Thoughts of harming yourself

Thoughts of harming someone else

Health Concerns

Sexual Concerns

Sexual orientation

Gender Identity

Difficulty sleeping

Issues with food and eating

Weight concerns

Body image

Alcohol or other substance use

Traumatic Experience(s)

Oppression

Spirituality

Family relationships

Social relationships

Romantic relationships

Work

School

Finances

Legal concerns

I appreciate your openness in providing the above information and look forward to working with you.