Brandon Vazirian, MS, LMFT
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CLINICAL INFORMATION

Please indication with an "X" how often you experience any of the following:

	Never	Seldom	Sometimes	Often
Insomnia……..	_____	_____	_____	_____
Back Pain……..	_____	_____	_____	_____
Concentration Problems……..	_____	_____	_____	_____
Headaches……	_____	_____	_____	_____
Phobias(fears)……..	_____	_____	_____	_____
Nausea……..	_____	_____	_____	_____
Allergies……	_____	_____	_____	_____
Nervousness/Anxiety……..	_____	_____	_____	_____
Loss of temper……..	_____	_____	_____	_____
Fatigue……..	_____	_____	_____	_____
Depression……..	_____	_____	_____	_____
Loss of appetite……	_____	_____	_____	_____
Compulsions……..	_____	_____	_____	_____
Suicidal thoughts……..	_____	_____	_____	_____
Eating disturbances……..	_____	_____	_____	_____
Mood swings……..	_____	_____	_____	_____
Heartburn……	_____	_____	_____	_____
Smoking……	_____	_____	_____	_____
Amount:_____				
Alcohol intake……	_____	_____	_____	_____
Amount:_____				

Generally, how would you describe your state of health?_____
_____

Have you had any previous counseling or psychotherapy? yes/no
Name of clinician:_____From_____ To _____
For what reason? _____

Have you ever been prescribed psychiatric medications? yes/no
Name of physician: _____ From_____ To _____
For what reason? _____

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CLINICAL INFORMATION (continued)

Have you ever been hospitalized for psychiatric reasons? yes/no
Name of hospital: _____ From_____ To _____
For what reason? _____

Has any member of your family ever suffered from anything that could be described as an emotional or psychological problem? yes/no If yes, explain:_____
_____
_____

Has there been any history of domestic violence or child abuse in your family? yes/no If yes, explain: _____
_____
_____

Has there been any history of alcohol or drug abuse in your family? yes/no
If yes, explain: _____
_____
_____

In your own words, state the nature of your problem: _____
_____
_____
_____

How would you rate how serious this problem feels to you? (circle one)

1	**2**	**3**	**4**	**5**
Mildly Upsetting				Extremely Serious

What would you like to accomplish through counseling? _____
_____
_____
_____