

Self-Report Form 2020

Names and Ages of Children in Order of Birth				
Name	Age	Sex	Married?	Children?

Have Any Children Died? Yes No If yes, please give details: _____

Father: Name _____ Age _____ Deceased? Age At Time _____ Date _____

Mother: Name _____ Age _____ Deceased? Age At Time _____ Date _____

Parents' Employer (If 18 or Younger)

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Brothers and Sisters:			
Name	Age	Sex	Deceased (date)

Emergency Contact: In case of an emergency, who may we contact related to your health, safety or wellbeing?

Name	Relationship	Phone Number

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Circle the following words which best describe you.

Active	Ambitious	Angry	Moody	Aggressive
Lonely	Shy	Nervous	Leader	Happy
Self-Confident	Quiet	Hardworking	Calm	Jealous
Extrovert	Sad	Submissive	Serious	Strong
Self-Conscious	Impatient	Introvert	Easygoing	
Patient	Impulsive	Excitable	Sensitive	

Have you ever been convicted of a criminal offence? Y N

Describe _____

Probation? Y N Probation Officer _____

MEDICAL INFORMATION

Have You Had Previous Mental Health Therapy? _____ When? _____

With Whom? _____

Have you ever received treatment for substance abuse? Y N When? _____

Are You Presently Seeing Another Therapist? _____

If So, Whom Are You Seeing? _____

Rate your Health: ___ Very Poor ___ Poor ___ Average ___ Good ___ Very Good

Are You On Medication? _____ If So, Which Medication? _____

Dosage: _____

For What Condition? _____

Prescribed By? _____

Do you have problems sleeping? Y N Avg Hours/night _____ Avg Hours/week _____

Have you experienced a traumatic event? Y N _____

Do you experience chronic pain? Y N

Are you currently using any drugs for non-medical purposes? Y N

If so, what are you using? _____

Daily Consumption of: Caffeine _____ Nicotine _____ Alcohol _____

Do you want Janelle to coordinate with your PCP? Y N

If yes, please list name and address: _____

