

Information Form for Individual

Full Name including (nickname) _____

Phones- home _____ work _____ cell _____

Mailing Address _____

Date of birth _____ age _____

Relationship status: single, married, have a partner, separated, divorced, widowed,
engaged (please circle one)

Questions about what brings you to therapy
(Use the back of the sheet for any of these if you need the space)

Reason(s) for coming to therapy?

Goal(s) for therapy?

Greatest fear related to coming to therapy?

Have you been in therapy previously? With whom?

When? Would you like me to contact that therapist?

Your Family

Spouse, Partner, Significant other _____

Their education and work _____

Children – please list them by name and age with gender, and if include if by previous marriage, adopted, and if they are living with you at home or not.

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Other persons that live at home with you _____

Pets _____

Your Family of Origin

Please list family that you grew up with, including their present age, or age when they died

Mother _____ Father _____

Step parents _____

Sisters and Brothers _____

Any other persons in your household _____

Please **circle** any of the following that **apply to you?**

criticize self too much

headaches

stomach problems

other health problems

job related concerns

feeling depressed

weight gain

sexual concerns

lack of friends

spiritual concerns

lonely

religious concerns

relationship concerns

alcohol misuse/abuse

out of control spending

codependency concerns

concerned about someone's alcohol use

concerned about someone's drug use

gambling concerns

pornography concerns

violent/harmful behavior by you

violent/harmful behavior by someone else

weight loss

suicidal thoughts

financial problems

grief and loss

anxiety

work pressure

parenting concerns

drug misuse/abuse

anger concerns

boundaries concerns

Do you use alcohol? _____ If so, how often, and how much? _____

Do you use drugs? _____ Is so, how often, and how much? _____

Current prescription medication you are taking _____

Have you ever gotten a DUI or had any other type of charge related to alcohol or drug use? _____ If so, when? _____

Educational background

Highest level of school attended: _____

Name of college/university/community college/certificate program attended _____

Diploma/Degree/Certificate _____

Further study plans _____

Work life

Place of Employment _____ Length of time there _____

Position _____

Describe how you feel about your work _____

Who referred you to me? _____

I like to write a simple thank you note to persons that refer to me.

It this is okay, please initial here _____ I include no confidential information, and certainly will not do it if you prefer me not.

Further Information

Please use the back of this form if needed to let me know about anything that you have not previously mentioned; that you believe might be important for our work together.