



## Therapeutic History

Describe any previous therapy you have participated in: \_\_\_\_\_

Describe any hospitalizations you've had for mental health issues: \_\_\_\_\_

If any family members have been treated for mental health issues, please describe: \_\_\_\_\_

Describe any substance abuse/addiction treatment you've had: \_\_\_\_\_

List any medications for mental health or addiction issues you are currently taking: \_\_\_\_\_

Prescribing physician (*name, address, phone*): \_\_\_\_\_

Are there any other health concerns you feel are impacting your mental health: \_\_\_\_\_

## How Can Counseling Be of Help?

Tell me what brings you here today: \_\_\_\_\_

Tell me about any significant loss or trauma you've experienced (recent or past): \_\_\_\_\_

Tell me what your most important therapeutic goals are: \_\_\_\_\_

**Are you currently experiencing any suicidal thoughts or feelings?**  Y  N

**Are you currently experiencing any homicidal or violent thoughts or feelings, or anger-control problems?**  Y  N

**Are you concerned for your safety for any reason?**  Y  N

*If you answered yes to any question above, please explain:* \_\_\_\_\_

Emergency contact person (*name, relationship, phone, address*) \_\_\_\_\_