

Name: DOB:

Address:

Phone: Email:

Gender: Marital Status:

Why have you decided to seek therapy at this time, and what are your goals for your work with us?

Have you ever been in therapy before? If so, when?

Have you ever been psychiatrically hospitalized? If so, when?

Are you currently taking psychiatric medications? If so, please list them:

Name/number of psychiatrist if applicable:

Have you ever attempted suicide? If so, how long ago was this?

Is there anything else that you would like us to know about you, or that you think would be important for us to know?