

General and Mental Health Information

1) How would you rate your current physical health? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any specific health problems you are currently experiencing:

2) How would you rate your current sleeping habits? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very Good

3) How many times per week do you generally exercise?

What types of exercise do you participate in?

4) Please list any difficulties you experience with your appetite or eating problems:

5) Are you currently experiencing overwhelming sadness, grief or depression? Yes No

If yes, for approximately how long?

6) Are you currently experiencing anxiety, panic attacks or have any phobias? No Yes

If yes, when did you begin experiencing this?

7) Are you currently experiencing any chronic pain? No Yes

If yes, please describe:

8) Do you drink alcohol more than once a week? No Yes

9) How often do you engage in recreational drug use?

Daily Weekly Monthly Infrequently Never

10) Are you currently in a romantic relationship? No Yes

If yes, for how long?

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your

relationship?

11) What significant life changes or stressful events have you experienced recently?

Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

	Please circle		List Family Member
Alcohol/Substance Abuse	yes	no	
Anxiety	yes	no	
Depression	yes	no	
Domestic Violence	yes	no	
Eating Disorders	yes	no	
Obesity	yes	no	
Obsessive Compulsive Behavior	yes	no	
Schizophrenia	yes	no	
Suicide Attempts	yes	no	

Additional Information

1) Are you currently employed? No Yes

If yes what is your current employment situation?

Do you enjoy your work? Is there anything stressful about your current work?

2) Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief:

3) What do you consider to be some of your strengths?

4) What do you consider to be some of your weaknesses?

5) What would you like to accomplish out of your time in therapy?