



7. Please, list any medications you are currently prescribed and the prescribing physician.

8. Please, describe your current substance or alcohol use.

9. Please, list any history of substance abuse and/or treatments.

10. Do you have any history of family mental illness?

11. Please, describe your current living situation.

Are you satisfied with your living situation?

Yes

No

12. Have you ever been abused?

Yes

No

If yes, what type of abuse and by whom?

13. Are you currently employed?

Yes

No

If yes, what type of job do you hold?

14. Do you have any history of military service?

Yes

No

If yes, please list the dates of service and reason for discharge.

Have you ever been involved in any combat or other traumatic situations?

15. Have you ever experienced any problems with learning?

Yes

No

If yes, please specify problems experienced.

16. Highest level of school or degree completed:

17. Are you currently enrolled in any academic programs?

18. Please, describe your expectations of coming to our office: