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|  |
| [Website] |

FIRST NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Please indicate status: Single In Relationship Married Separated Divorced Widowed  
  
PHONE NUMBER :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT BROUGHT YOU HERE…  
Please state in your own words the main reason for seeking therapy:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Please estimate and circle the severity of what brought you here:  
  
Mildly Bothersome Moderately Bothersome Very Bothersome Extremely Bothersome

Have you been to therapy before?  
  
If so, please indicate when and results:

Please indicate your perspective on psychiatric medication:  
  
I currently take medication I disagree with medication I want to learn more I am very interested