Name _____ Soc. Sec. # _____ - _____ - _____

Today's Date_____Your Birthday_____ Age _____ Gender: M F

Address _____

Phones: Home _____ Work _____

Cell _____

Email _____

If applicable, spouse or partner's name _____

Children's names & ages _____

Next of Kin _____

Referred by _____ Insurance _____

Do you plan to submit to your insurance for your therapy sessions _____Yes _____No

Current Medications & Dosages _____

How long have you taken these meds._____

Previous/current therapists _____ Phone _____

Employer _____ Spouse's Employer _____

Please complete for all members of your **Family of Origin** (family you were born to).
Please include yourself, and "Child" refers to your siblings (1st, 2nd, etc.).

	AGE	RESIDES	EDUCATION	OCCUPATION	SEX
Mother					F
Father					M
1st Child					
2nd Child					
3rd Child					
4th Child					

- Please complete the other side –

Please check all that apply to you:

_____ 1. Concerned about my eating habits
_____ 2. Concerned about my drinking, smoking or drug use
_____ 3. Not adjusting well to a new situation
_____ 4. Having difficulty trusting other people
_____ 5. Do not get along with parents or family members
_____ 6. Cannot seem to control my thoughts or behavior
_____ 7. Feeling depressed or unhappy
_____ 8. Having headaches, indigestion, or other physical problems
_____ 9. Thinking about killing myself
_____ 10. Anxious or nervous much of the time
_____ 11. Have fears that seem unrealistic
_____ 12. Concerned about past physical or sexual abuse
_____ 13. Bothered by insomnia
_____ 14. Concerned about parents' drinking
_____ 15. Worried about a sexual issue
_____ 16. Wishing I could be different
_____ 17. Having trouble with work/studies
_____ 18. Upset by a recent death
_____ 19. Concerned about my primary relationship
_____ 20. Feel tired, dizzy, and/or weak much of the time
_____ 21. Dealing with my sexual orientation
_____ 22. Concerned about my weight
_____ 23. Many of my activities include alcohol and/or drugs
_____ 24. Easily moved to tears
_____ 25. Concerned about personal experience of sexual/racial harassment
_____ 26. Getting a divorce
_____ 27. Unsure about my future plans

Please use this space to include any other issues not included on the preceding list, or important information you would like me to know