



Have you previously received any type of mental health services, such as counseling or psychiatric services:

\_\_\_ yes \_\_\_ no

If yes: \_\_\_\_\_

(Name)

(Phone)

### Health and Medical

Please list current and past prescription psychiatric medication that you are taking or have taken, including dose and frequency:

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How would you describe your current physical health (please circle one):

Poor

Unsatisfactory

Satisfactory

Good

Excellent

Please list any current medical conditions:

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Are you having any trouble with your sleeping or eating patterns (if so, please describe):

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Please check from the following list any items that you have experienced recently:

- \_\_\_ Loss of interest in previously enjoyed activities
- \_\_\_ Overwhelming sadness
- \_\_\_ Crying often
- \_\_\_ Feeling hopeless
- \_\_\_ Overwhelming anxiety, panic, or worry
- \_\_\_ Frequent physical complaints (headaches, etc)
- \_\_\_ Significant change in weight
- \_\_\_ Trouble falling asleep or staying asleep at night
- \_\_\_ Racing or disorganized thought patterns
- \_\_\_ Thoughts of suicide
- \_\_\_ Irritability or anger
- \_\_\_ Mood shifts
- \_\_\_ Self Mutilation
- \_\_\_ Overindulgence in alcohol, recreational drugs, or sexual activity

### Family History

Please list any medical (both physical and mental health) conditions that exist within your family, as well as the family member with the condition:

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Is there a history of drug/alcohol abuse and addiction in your family? If so, please describe:

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Is there any history of suicide in your family? If so, please list:

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Do you have any siblings? If so, please list with ages:

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Who do you turn to for support in your family?

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**Occupational and Social**

Are you currently employed?            \_\_\_ yes \_\_\_ no

if yes, what is your current occupation: \_\_\_\_\_

Do you enjoy your current profession?    \_\_\_ yes \_\_\_ no

if no what would you change: \_\_\_\_\_

Please list any current legal troubles at this time, if any:

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What kind of activities or coping strategies do you use when you are stressed or overwhelmed?

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What do you view to be your strengths as a person?

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Briefly describe what has brought you to therapy at this time and what goals you would like to accomplish during therapy.

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