

PLEASE TAKE A FEW MOMENTS TO TELL ME ABOUT YOURSELF  
PLEASE ANSWER ALL QUESTIONS

10/12

Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ email \_\_\_\_\_

How often do you check email? \_\_\_\_\_ What time of day? \_\_\_\_\_ Do you get it on your phone? \_\_\_\_\_

Gender \_\_\_\_\_ Nationality? (Example –are you Italian, Irish, German, etc) \_\_\_\_\_

Single Married-how long? Separated? How long? Divorced –how long? \_\_\_\_\_

How many times married? Times divorced? Living together- how long? \_\_\_\_\_

Age Date of Birth Religion Practicing yes no \_\_\_\_\_

Occupation Employer Do you like your job? \_\_\_\_\_

Highest grade completed or currently attending Major \_\_\_\_\_

Military Service? Branch Dates What area did you serve in? \_\_\_\_\_

Primary Care Physician Address \_\_\_\_\_

Psychiatrist Address \_\_\_\_\_

Current/ Past Health Problems \_\_\_\_\_

Past illnesses, injuries, surgeries, hospitalizations, why? \_\_\_\_\_

Have you ever had a concussion or other head injury? Details \_\_\_\_\_

Please list all medications, dosages and equencies \_\_\_\_\_

Do you drink alcohol? What do you drink? How many per day Per week \_\_\_\_\_

Have you ever used drugs? What drugs have you used in the past? \_\_\_\_\_

What drugs are you using now? Last time used? \_\_\_\_\_

Have you ever used steroids? Explain \_\_\_\_\_

Have you received treatment for drugs or alcohol? Where/when? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Do you have any issues with food, shopping, gambling, porn, sex, video games? \_\_\_\_\_

Do you smoke? How much \_\_\_\_\_ How long? \_\_\_\_\_ Have you tried to stop? \_\_\_\_\_

Have you ever been, or are you currently being abused in any way? \_\_\_\_\_

Physical \_\_\_\_\_ Sexual \_\_\_\_\_ Emotional \_\_\_\_\_ By who? \_\_\_\_\_

Mother's age \_\_\_\_\_ Living or deceased? \_\_\_\_\_ Any psychological, alcohol or drug issues? \_\_\_\_\_

Five words/phrases to describe your mother \_\_\_\_\_

Describe relationship with mother \_\_\_\_\_

Father's age \_\_\_\_\_ Living or deceased? \_\_\_\_\_ Any psychological, alcohol or drug issues? \_\_\_\_\_

Five words/phrases to describe your father \_\_\_\_\_

Describe relationship with father \_\_\_\_\_

Are your parents together? \_\_\_\_\_ If not, how old were you when they split up? \_\_\_\_\_

List sisters and brothers \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Psychological, alcohol, drug issues \_\_\_\_\_

Any other relatives who have experienced similar problems to yours? Explain \_\_\_\_\_

Do you have children? Do they live with you? if not, where? \_\_\_\_\_

Names \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Psychological, alcohol, drug issues? \_\_\_\_\_

How many people live in your home? What is their relationship to you? \_\_\_\_\_

What is the situation that has caused you to come to treatment? \_\_\_\_\_

What symptoms are you experiencing? \_\_\_\_\_

What has happened that caused you to come in now? \_\_\_\_\_

How has this affected your life? \_\_\_\_\_

Did someone tell you to come in? Who? \_\_\_\_\_ Why? \_\_\_\_\_

Five words to describe yourself \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Stressors \_\_\_\_\_

What do you do for fun, relaxation, hobbies? \_\_\_\_\_

Do you have a support group? (family, friends, church, 12-step program, etc.) \_\_\_\_\_

Have you been in counseling before? \_\_\_\_\_ Who did you see? \_\_\_\_\_

Was it helpful? \_\_\_\_\_ Why? \_\_\_\_\_ Why not? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Have you taken medication for this problem? \_\_\_\_\_ Names of medication \_\_\_\_\_

Was it helpful? Explain \_\_\_\_\_

Are you depressed? \_\_\_\_\_ Symptoms \_\_\_\_\_

Do you suffer from anxiety or panic attacks? \_\_\_\_\_ Explain \_\_\_\_\_

\*Have you ever thought about suicide? \_\_\_\_\_ Attempted? \_\_\_\_\_ When? \_\_\_\_\_ How? \_\_\_\_\_

Explain \_\_\_\_\_

Are you suicidal or feel like hurting yourself now? Explain \_\_\_\_\_ How? \_\_\_\_\_

Have you ever \_\_\_\_\_ r do you currently \_\_\_\_\_ cut or burn yourself in order to relieve pain? Last time \_\_\_\_\_

Have you ever thought about hurting another person? Explain \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_

Is there anything else significant about your life, past or present that you would you like me to know about you? \_\_\_\_\_

How did you find me? \_\_\_\_\_ website \_\_\_\_\_ What did you search for? \_\_\_\_\_

Finish this sentence. Be as descriptive as possible The changes that I would like to make in myself are: