

Name: _____ Today's Date : _____

Address: _____

Phone(s): (____) _____ (____) _____
 mobile home work mobile home work

Occupation: _____ Date of Birth: _____ Age: _____

E-Mail Address: _____ Gender: _____

Marital/Relationship Status: _____

Educational Background: _____ Learning Disabilities: _____

Emergency Contact: Name/Relationship _____ Phone: (____) _____

Family Information

	Name(s)	Living?	Age	Marital Status	Education	Significant Illnesses, Addictions	Other Significant Issues
Father							
Mother							
Children							
Siblings							
Step Parents							
Maternal Grandparents							
Paternal Grandparents							
Spouse, Partner							
Other Significant People							

Health and Medical Information

Are you currently being treated by a medical practitioner? Yes _____ No _____

If yes, for what purpose?

Do you have any chronic medical or physical conditions? Yes _____ No _____

If yes, what are they and how do they affect you?

Please list all the prescription and non-prescription medications you are currently taking:

Have you or someone you are close to ever been concerned about your alcohol or drug use?

Other Information

What is your current living situation? (e.g. Living alone, with parents, roommates, partner, spouse, children, pets, etc.)

What prior experience do you have with counseling or psychotherapy? What has been helpful and what has not been helpful in the past?

Please comment on any significant life experiences you have had that have had an important effect on making you the person you are today (these could be positive or difficult and traumatic experiences).

What other information would be of value to me in helping you?

What specifically would you like to accomplish in working with me?