

6. Has anyone in your family ever been seen by a mental health professional? Yes No

If yes, please explain: _____

7. Please briefly describe your relationship with your parents, siblings, spouse, children: _____

8. Have you ever spoken with your family about your current concerns? Yes No

9. Please describe the quality of your relationship with friends (check all that apply):

I have a few supportive friends I feel content with my friends I wish I had more friends

10. Please describe your interpersonal style (check all that apply):

I tend to be more introverted I tend to be more extroverted I have qualities of both

11. Whom do you consider to be your primary support? _____

12. Living Arrangement (circle one):

Alone Spouse Cohabiting Parents Friend/Roommate(s) Children Relatives

13. Occupation: _____ 14. Employer: _____

15. How many jobs have you had in the last 5 years, including your present job? _____

16. Year in School: (if student) _____ 17. Name of School: _____

18. Highest degree: High School Diploma GED AA BA/S MA/S Ph.D

19. Describe your spiritual framework and/or religious identity: _____

20. Would you like to discuss your spirituality/faith in counseling? Yes No

21. Are you currently taking any medication? Yes No

If yes, please list the name/type, amount and purpose of each medication: _____

How often do you take these medications? _____

Who prescribes them? _____

22. Are you currently taking any herbal remedies or dietary supplements? Yes No

If yes, please list name/type, amount and purpose of each supplement: _____

23. Do you have any ongoing medical conditions? Yes No

If yes, please describe: _____

24. Have you ever been hospitalized? Yes No

If yes, what for? _____

25. Do you have a regular primary care provider? Yes No

Doctors Name: _____ Phone Number: _____

When was your last check-up? _____

26. Do you regularly engage in any type of exercise? Yes No

Please describe nature, frequency and intensity: _____

27. Have you ever consulted with a mental health professional before? Yes No

If yes, when? _____ Reason: _____

28. Have you ever had thoughts, made statements, or attempted to hurt or kill yourself? Yes No

If yes, please describe: _____

29. Have you ever had thoughts, made statements, or attempted to hurt someone else? Yes No

If yes, please describe: _____

30. Have you recently been physically hurt or threatened by someone else? Yes No

If yes, please describe: _____

31. Are you currently struggling with, or do you have a history of struggling with, disordered eating behavior (binge eating, anorexia, bulimia, etc.)? Yes No

If yes, please explain: _____

32. Have you ever been assaulted? Yes No

If yes, please specify: Physical Sexual Other: _____

Where did this assault occur? _____

33. Please CIRCLE the number that best describes your current concerns.

Rate the **OVERALL** severity of your concern at this time:

None	Mild		Moderate		Extreme
0	1	2	3	4	5

To what degree are your concerns affecting your **occupational or academic functioning**?

None	Mild		Moderate		Extreme
0	1	2	3	4	5

To what degree are your concerns affecting your **ability to get along with others**?

None	Mild		Moderate		Extreme
0	1	2	3	4	5

34. How often do you consume drinks containing alcohol?

Never	Monthly or Less	2-4 times/ mont	2-3 times / week	4+ times / week
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35. How many standard drinks of alcohol do you have on a **typical day** when you are drinking?

(one standard drink equals 12 oz. of beer, 5 oz. of wine, or 1.5 oz. of 80-proof spirits.)

1 or 2	3 or 4	5 or 6	7 or 8	10 or more
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36. Describe your sleep habits for the last week including when you went to bed and when you awoke

(ex. Mon. 11pm-7am, Tues. 2am-9am, etc.)

37. Please indicate which of the following have resulted from your use of alcohol/drugs **in the last year**

(check all that apply):

- Injury to you
- Injury to someone else
- DUI/DWI
- Blackouts
- Arguments or conflicts with friends/significant other
- Disciplinary action (work/school) (explain): _____
- Occupational/academic problems (explain): _____

- Other legal problems (explain): _____
- Other (explain): _____
- None of these

38. Based on an **average month**, please check to indicate your frequency of use.

	Daily	Weekly	Monthly	Rarely	Never
Caffeine (coffee, soda, energy drinks)					
Marijuana (pot, hash, hash oil)					
Cocaine (crack, rock, freebase)					
Amphetamines (diet pills, speed, meth, crank)					
Nicotine					
Other psychoactive drugs					
Over-the-counter meds					
Other: _____					

39. Please explain briefly what brought you for counseling at this time and what you are hoping to gain:

40. What are the most important things you think I should know about these issues? _____

41. What problems or issues do you bring into counseling? Please circle all that apply.

- | | | | |
|----------------------|---------------------|--------------|--------------------------------|
| Emotional | Parenting | Codependency | Relationship w/ whom _____ |
| Alcohol/Drug | Rape/Sexual Assault | Depression | Sexual Abuse: present or past? |
| Work Related Problem | Spiritual | Grief | Legal Problems |
| Family | Eating Disorder | Suicide | Sleep Problems |
| Domestic Violence | Marital | Sexuality | Child's Emotional Issue |
| Other _____ | | | |

42. On the scale below please estimate the severity of your problem(s):

- | | | | | |
|-----------|------------|--------|-----------|-----------|
| Mildly | Moderately | Very | Extremely | Totally |
| Upsetting | Upsetting | Severe | Upsetting | Upsetting |

43. When did your problem(s) begin? (give dates if possible): _____

44. What solutions to your problem(s) have you found helpful? _____

45. What are your goals for counseling? _____

46. Do you have particular concerns or fears regarding counseling? _____

47. Anything else you'd like me to know? _____

Thank you for taking the time to complete this form. This information will help me to understand your situation better and will help us to reach your goals as quickly as possible. Please, also review the attached professional disclosure statement (PDS).

When we meet, please feel free to ask me any questions you have about these forms, or tell me anything else that you would like me to know. We will spend time together reviewing both forms when we meet.