

Biographical Information

Name _____

Symptoms

Recent stresses or life changes: _____

Prior Treatment

Family of Origin

Mother: _____

Personality/Mental Health: _____

Father: _____

Personality/Mental Health: _____

Childhood Issues and Experiences

Current Household

Additional information on current household: _____

Current living situation: _____

Relationship History

Educational and Occupational History

Work/School status: _____

Education: _____

Major or favorite subject: _____

Working hours per week: _____

Work Field: _____

Current or most recent job title: _____

Likes/dislikes about employment/school: _____

Home Life

Personal time (hobbies, clubs, family activities, etc.):

Monthly contact with friends: _____

Discuss feelings/private matters with: _____

Satisfied with romantic life: _____

Like/dislike about relationships: _____

Health

Accidents or illness: _____

Other chronic health problems: _____

Average sleep hours per night: _____

Drink consumed per week: _____

Recreational drugs in last year: _____

Exercise: _____

Tobacco use: _____

Primary physician: _____

Last physical: _____

Concerned about health? _____

Healthcare drugs and purpose: _____

Accomplishments/Additional information

Print name: _____

Signature: _____