This information is personal & confidential and will only be shared between you and your counselor.

Adult / Family History

Name: _____ Date of Birth: _____

What brought you to counseling at this time? _____

_____

Briefly describe your current symptoms: _____

_____

_____

Are you experiencing now or have you experienced any of the following in the past 6 months:

____ Appetite change
____ Difficulty sleeping
____ Fatigue/loss of energy
____ Difficulty concentrating/making decisions
____ Low self-esteem
____ Recurrent thoughts of death/suicide
____ Panic attack
____ Muscle tension
____ Fear of losing control
____ Loss of interest in activities/things
____ Depressed mood
____ Irritability
____ Significant weight loss or gain
____ Feeling worthless
____ Feeling hopeless
____ Feeling keyed up or on edge
____ Excessive worry
____ Heart palpitations/racing

Have you had any recent major life changes or traumas?_____

_____

What goals do you have for counseling? _____

_____

_____

Please list what you consider to be your strengths: _____

_____

_____

Pleas list what you consider to be your weaknesses: _____

_____

_____

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Have you received counseling services before? _____

If yes, when and where? _____

_____

Why did you terminate those services? _____

_____

Describe any health issues or significant injuries or surgeries: _____

_____

Do you have a primary care doctor? _____

Do you have any sleeping concerns? _____

Do you have any eating concerns? _____

List ALL medications:

Medication (and dose)	**Condition**	**Prescribing Doctor**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alcohol and Drug use:

Type (name)	**Amount**	**Frequency**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you think you have a drug or alcohol problem? _____

Has anyone ever told you they thought you had a drug or alcohol problem? _____

What do you enjoy doing in your spare time? _____

_____

Are you currently married? Y N If yes, how long?_____

Have you been married more than once? Y N If yes, how many times? _____

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If you are here for marriage/couples counseling please tell me a little about your relationship:

_____

_____

_____

_____

_____

_____

_____

Who currently lives with you?

Name	**Age**	**Relationship**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly tell me about your family: _____

_____

_____

Where do you currently work? _____

Are you happy there? _____

What do you like about your job?_____

_____

Are you currently attending school? Y/N Where? _____

What are your course studies? _____

Are you happy with the way things are going with school? _____

_____

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Do you currently have financial worries? _____

_____

Do you have any legal issues or concerns? _____

_____

Have you ever been in or are you currently in the military? _____

Please add anything you would like me to know: _____

Thank you for your time.