



Do I have your permission to thank your referral source for the referral?

If referred by another clinician, would you like for us to communicate with one another?

If yes, please list the contact information for your referral source:

**Presenting Problem - what has brought you here today (onset, duration, intensity and precipitating event if applicable)?**

**Please circle any of the following issues that pertain to you:**

Anxiety	Stress	Anger	Concentration	Depression
Sleep problems	Marital stress	Finances	Loneliness	Alcohol use
Drug use	Fears	Legal matters	Pain	Eating/food
Career/work	Loss/grief	Energy	Health	Spiritual issue
HIV/AIDS	Sexuality issues	Abuse	Trauma history	Current trauma
Panic attacks	Attention/ADHD	Suicidal thoughts	Mania	Paranoia
<b>Familial issues</b>	<b>Self Harming</b>	<b>School issues</b>	Communication issues	Eating Disorder
Self-esteem issues	Personal growth goals	Addictive behaviors		



Please explain any significant medical problems, symptoms, or illness:

Current medications (Please include dosing, schedule, physician.):

Have you ever talked with a therapist in the past? If yes, why and for how long? (Please include any hospitalizations or treatment programs.)

Are you currently seeing a psychiatrist? (If yes, please list name and contact information.)

Are you at risk for hurting yourself or someone else? (If yes, please explain, and address how you would like to see that changed.)



## *Substance History*

Do you use tobacco? (If yes, please list amount/frequency.)

Do you use alcohol? (If yes, please list amount/frequency.)

Do you use recreational drugs? (If yes, please list type/amount/frequency.)

Have you ever been treated for any form of substance abuse? (If yes, please list time and duration and outcome.)

Have you ever had a DUI?

Are there any current legal issues you are facing? (Please note here if you are on parole or probation or have any involvement with DFACS.)

## *Family History*

How would you describe your relationship with your mother (current and past)?

How would you describe your relationship with your father (current and past)?



Are your parents still married or did they divorce? If they divorced, how old were you when the divorce happened?

Were there any other primary caregivers who you had a significant relationship with? If so, please describe.

How many siblings do you have? (Please list gender and ages.)

Describe your relationship with your siblings (current and past):

Relationships status (single, dating, divorced, engaged, married/life partner):

If you're in a relationship, for how long?

Relationship satisfaction (1=poor, 5=excellent)

1    2    3    4    5

Do you have children? (If yes, please list gender and ages.)



To your knowledge, is there any history of addiction in your family?

To your knowledge, is there any history of mental illness in your family?

To your knowledge, is there a history of sexual, emotional, or physical abuse in your family?

To your knowledge, is there a history of domestic abuse in your family?

Is there anything else pertinent to your family history that would be important for me to know?

Does your family support you in seeking help for your problems?

### *Education/Career History*

What is your educational background? (GED, high school, college, graduate degree etc.)

What is your current employment status?



Are you currently on leave or seeking medical disability? Y N

Are you satisfied with your career currently? If no, please explain:

*Additional Information*

What spiritual/religious affiliations do you have, if any?

Do you have any sexual orientation or gender issues/concerns?

What are your hobbies?

Who is your support system?

List your top 5 strengths as you see them:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



Additional Comments:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

