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REFERRED BY:_____TODAY'S DATE:_____

FIRST NAME:_____ LAST NAME:_____

DATE OF BIRTH:_____ SEX:_____MARITAL STATUS:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP CODE:_____

HOME#:_____CELL#:_____WORK:_____

EMAIL ADDRESS:_____

EMERGENCY CONTACT:_____PHONE:_____

OCCUPATION:_____

PLACE OF EMPLOYMENT:_____

OTHERS IN HOUSEHOLD: (CHILDREN, PARENTS, ETC.)

NAME: FIRST AND LAST RELATIONSHIP DOB AGE/OCCUPATION

_____

_____

_____

_____

_____

CREDIT CARD USED FOR PAYMENTS: MC VISA AMEX CHECK CASH

#_____

EXPIRATION DATE:_____SECURITY CODE:_____

NAME OF PRIMARY CARE PHYSICIAN:_____

ADDRESS:_____PHONE NO:_____

NAME OF THERAPIST/PSYCHIATRIST:_____

ADDRESS:_____PHONE NO:_____

FAMILY HISTORY:

YES NO Has anyone in your family (blood relative) suffered emotional problems, anxiety, depression, bipolar illness, schizophrenia, panic disorder, phobias, eating disorders, or other stress related conditions? If yes, please list the family member(s) and describe the problem.

_____

_____

_____

YES NO Has anyone in your family (blood relative) had problems with alcohol, drugs, or prescription medications? If yes, please list the family member(s) and describe the problem.

_____

_____

_____

YES NO Do any medical problems run in your family? If yes, list briefly and describe these problems.

_____

_____

_____

YES NO Has anyone in your family ever attempted or committed suicide? If yes, please list the family member(s) and describe the incident(s).

_____

_____

_____

FATHER:

How old is your father?_____If he is deceased, when did he die?_____

What was the cause of his death?_____How much education did he have?_____

What type of work did he do?_____How many times was he married?_____

Describe your father's personality and the type of relationship you had growing up:_____

_____

_____

MOTHER:

How old is your mother?_____If she is deceased, when did she die?_____

What was the cause of her death?_____How much education did she have?_____

What type of work did she do?_____How many times was she married?_____

Describe your mother's personality and the type of relationship you had growing up:_____

_____

_____

SIBLINGS:

How many brothers do you have?_____Sisters?_____

Please list their names/ages/occupations/marital status:_____

_____

_____

PERSONAL HISTORY:

DOB:_____PLACE OF BIRTH:_____

Please list in order all the cities and states in which you have lived and include number of years (and age) you resided in each city:_____

_____

_____

YES NO Did you suffer from any traumatic experiences as a child? If yes, please describe these:_____

_____

_____

YES NO Did you have any juvenile behavioral problems? Please check any problems that you have experienced.

____Running Away ____Truancy ____Fire Setting ____Fighting _____Shoplifting

_____Juvenile Court Involvement ____Lying ____Cruelty to Animals

____Drug or Alcohol Problems

EDUCATION:

Name of school and highest grade that you completed 1st through 12th grades:_____

Name of college and highest year of college completed:_____

Name of graduate school and highest year of training completed:_____

SOCIAL HISTORY:

Please circle your sexual preference: Heterosexual Homosexual Bisexual

How many serious relationships have you had and for how long?_____

YES NO Were you ever abused? If so, how?: Physically Sexually Emotionally

Marital Status: Single Married Widowed Separated Divorced

How many times have you been married?_____

Please list the name/age of your significant other/spouse:_____

How much education does this individual have?_____What type of work do they do?_____

YES NO Is this relationship going well?_____

YES NO Are there any problems? _____

YES NO Do you have any children? If yes, please list their names and ages:_____

_____

YES NO Are you having any problems with your children? If yes, please specify which children and describe below:_____

_____

_____

OCCUPATIONAL HISTORY:

Please list your jobs, starting with the first job and going through to your most recent job. Also, please list next to each job how many years you were employed in that position.

Year(s) Company Name/Place of Employment

_____

_____

_____

_____

_____

_____

_____

SUBSTANCE USE HISTORY:

YES NO Do you smoke or have you smoked cigarettes? If yes, how much? Have you quit?_____

YES NO Do you drink or have you drank alcohol? If yes, how much? Have you quit?_____

YES NO Do you use drugs or have you used drugs? Have you quit?_____

YES NO Have you ever been involved in a substance abuse, alcohol treatment or detoxification program? If yes, please describe when and where.

_____

_____

MEDICAL HISTORY:

Please list any medical problems that you have and when these conditions were diagnosed.

Date Diagnosed Medical Problem

_____

_____

_____

Please list all operations that you have had including any operations that you may have had as a child.

Year/Age Operation

_____

_____

_____

YES NO Have you ever had a head injury in which you were knocked unconscious?

Year/Age Time Unconscious Injury

_____

_____

Please list all your present medications:

Medication Amount How often? How long taking it? Prescribing Doctor

_____
_____

_____

_____

PSYCHIATRIC HISTORY:

YES NO Have you ever received any psychiatric, psychological, emotional treatment/counseling or hospitalization in the past?

Year(s)/Age Treatment Provider (Dr./Place) Frequency Hospitalization

_____

_____

_____

_____

_____

YES NO Have you ever been prescribed psychiatric medications?

Year(s)/Age Medication How often?