

Please answer these questions as honestly and completely as possible. In keeping with professional ethics, this and all other written or verbal knowledge you share with me will be held in confidence.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Email** _____

Cell Phone _____ **Children (Name/Age)** _____

Date of Birth _____ _____

Marital Status _____ _____

Please state why you decided to come for counseling/therapy?

What do you hope to achieve in therapy? _____

Have you had previous therapy/counseling? If yes, please describe (when, how long, why, etc.).

Underline each of the following words that you might use to describe yourself:

intelligent	confident	worthwhile
ambitious	sensitive	loyal
trustworthy	full of regrets	worthless
useless	evil	crazy
morally degenerate	considerate	a deviant
unattractive	unlovable	inadequate
confused	ugly	stupid
naïve	honest	incompetent
		concentration
horrible thoughts	conflicted	difficulties
memory problems	attractive	can't make decisions
suicidal ideas	persevering	good sense of humor
hard working		

FAMILY HISTORY

Describe the atmosphere in your home where you grew up.

How was love expressed in your family?

CHILDHOOD HISTORY

Underline any of the following that applied to you during your childhood/adolescence:

happy childhood	school problems
unhappy childhood	family problems
emotional/behavioral problems	sexual problems
trouble with the law	drug abuse
medical/health problems	alcohol abuse
peer problems	alcohol or drug abuse by family member

Do you have what you consider to be childhood of other traumas? If yes, please describe.

Have you ever been sexually molested or harassed?

SPIRITUAL HISTORY

Describe your religious upbringing: _____

Present affiliation: _____

Is this important in your life? _____

Why or why not? _____

PERSONAL RELATIONSHIPS

Describe how you would characterize your relationships with:

Family
Members _____

Co-workers _____

People in authority _____

PHYSICAL HISTORY

Do you have concerns about your physical health? If so, please specify:

Notice of Privacy Practices,
Payment & Cancellation Policies
Receipt and Acknowledgement of Notice

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices, Payment & Cancellation Policies.

Signature of Patient/Client

Date

Signature of Parent, Guardian, or Personal Representative*

Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (Power of Attorney, Healthcare Surrogate, etc.)

Patient/Client Refuses to Acknowledge Receipt

Staff Member Signature

Date