

LIVING ARRANGEMENTS:

Living alone Living with Roommates Cohabiting
Married-living together Married-living apart

Who currently lives with you? (Include children, siblings, parents, etc)

Names _____ Ages _____ Relationship to you _____

SUPPORT NETWORK

Current church affiliation _____

What "Small" or "Support" groups do you currently attend? None

Please list here:

CURRENT WORK HISTORY:

Currently Employed Yes/No Full time Part time

Occupation: _____

Describe any significant lapses in employment history for the last 5 years:

EDUCATION: Highest grade completed _____

HEALTH HISTORY:

Are you currently seeing or have you seen in the past, a therapist, counselor, psychiatrist, or psychiatrist? Yes No

Type of counseling/counselor: _____ How long? _____

Reason for seeking counseling? _____

Was it helpful? Explain: _____

Name of physician: _____ Date(s) of Care: _____

Diagnosis? _____

Was it helpful? Explain: _____

Are you currently, or in the past, abused over-the-counter, prescription medications or use illegal drugs? Yes No

List drug/medication & dosage _____ How long? _____

List drug/medication & dosage _____ How long? _____

Do you drink alcohol? _____ If so, specify what, how much and how often _____

Do you struggle with any addictions? If so, what? _____

SPIRITUAL DEVELOPMENT HISTORY:

Family:

Self:

LIST OF SYMPTOMS:

Please circle any of the following that have been bothering you lately:

abused as a child	agoraphobia	alcohol use
ambition	anger	anxiety
appetite	being a parent	bowel trouble
career choices	children	compulsions
compulsivity	concentration	confidence
depression	divorce	drug use/abuse
eating problem	education	energy(high/low)
extreme fatigue	fears	fetishes
finances	friends	guilt
headaches	health problems	inferiority feelings
insomnia	loneliness	making decisions
marriage	memory	my thoughts
nervousness	nightmares	obsessive thinking
overweight	painful thoughts	panic attacks
phobias	relationships	sadness
self-esteem	separation	sexual problems
short temper	shyness	sleep
stress	suicidal thoughts	work

Is there anything else you would like us to know about you?

THANK YOU FOR TAKING THE TIME TO HELP US GET TO KNOW YOU. WE LOOK FORWARD TO WORKING WITH YOU!