

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What brings you to seek therapy at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions and whether or not they are current (please also not any medications you currently take) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your involvement with psychotherapy (including anything related to mental health, counseling and/or psychiatry): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your involvement with substance use (alcohol, marijuana, speed, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your involvement with the legal system: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe your close relationships, including your family of origin: \_\_\_\_\_

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What is your work background and current occupation? \_\_\_\_\_

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Please describe your cultural affiliations (including ethnicity, religion, gender, languages you speak, sexual orientation, roles you play **in** society, your attitudes toward all of these and instances of discrimination on account of any of the above): \_\_\_\_\_

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Please describe your educational history: \_\_\_\_\_

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What are your goals **in** therapy? \_\_\_\_\_

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What resources/strengths do you bring with you? \_\_\_\_\_

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Who referred you to me? (I will NOT contact this person.) \_\_\_\_\_

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Other comments you may have: \_\_\_\_\_

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