

Do you drink alcohol? (Circle One) YES NO If no, did you previously drink? (Circle one) YES NO

If yes, please list:

Type of Alcohol	How much	How often
_____	_____	_____
_____	_____	_____

Do you smoke cigarettes? (Circle One) YES NO

Describe any other health problems or important medical history (i.e. trouble sleeping, back pain, digestive problems):

Do you have any close relatives (father, mother, brother, sister, grandparent) who have experienced depression, anxiety, or other emotional difficulties? Please list: _____

SCHOOL AND FAMILY HISTORY

What was the last year of school you completed?

Please list any schools you are currently attending:

Describe your current support network (i.e. friends, relatives, work associates etc.):

Please check all information which applies to your biological parents:

MOTHER	<input type="checkbox"/> living	FATHER	<input type="checkbox"/> living
	<input type="checkbox"/> deceased		<input type="checkbox"/> deceased
	<input type="checkbox"/> married		<input type="checkbox"/> married
	<input type="checkbox"/> divorced		<input type="checkbox"/> divorced
	<input type="checkbox"/> remarried _____ # of times		<input type="checkbox"/> remarried _____ # of times

Do you consider someone else (step-parent, grandparent, etc.) to be one or both of your "real" parents? If so, whom?

Where do your parents live? Mother _____
Father _____

Describe your relationship with your mother while growing up: _____

Currently: _____

Describe your relationship with your father while growing up: _____

Currently: _____

List first names and ages of brothers & sisters:

Name	Age	Relationship (natural, step, half, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you practice a faith? If so, which faith do you consider yourself? _____

Would you like to include this in your therapy? _____

Describe any family problems which occurred while growing up relating to:

Alcohol/drug abuse: _____

Sexual/physical/emotional abuse: _____

MARITAL HISTORY

Marital status: Single/never married Married Separated Divorced Widowed Living w/someone

If currently married, when were you married? _____ If currently living w/someone, how long? _____

Please list your children:

Name	Age	Relationship (biological/step)	Lives with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MENTAL STATUS

Please check any of the following that describe how you have been feeling lately:

sad anxious depressed frightened guilty angry ashamed aggressive resentful
 worthless tearful irritable confused extreme ups/downs jealous hopeless helpless

Describe any other feelings you have had: _____

What activities or hobbies do you participate in? _____

Do you participate in regular exercise? (Circle One) YES NO

Describe: _____

Describe your current working environment: _____

Have you had any change in sleeping habits? (Circle One) YES NO

Describe: _____

Have you had any change in eating habits? (Circle One) YES NO

Describe: _____

Have you ever **considered suicide**? (Circle One) YES NO

If so, please give a brief description with dates: _____

Have you ever **considered suicide** in the **past**? (Circle One) YES NO

If so, please give a brief description with dates: _____

Have you **attempted suicide** in the **past**? (Circle One) YES NO

If so, please give a brief description with dates: _____

List or describe any current stressors or problems in daily psychological, social or occupational functioning (i.e. isolation from friends/family, significantly difficult getting to work or completing daily tasks, severe financial strain, recent divorce, or problems with supervisor, etc.): _____

THOUGHTS: Please check any of the following that apply to you:

___ I sometimes hear voices, even though no one nearby is talking to me.

___ I sometimes feel that forces outside of me control me.

___ I sometimes feel that other people control my thoughts.

___ I sometimes have the same thought over and over and cannot control it.

___ I sometimes feel that someone is out to hurt me or do something against me.

___ I am sometimes unable to control my behavior. Please explain: _____

Is there any other information regarding you or your family that you would like to share that has not been covered?
