

Name _____ Today's Date _____

Family Information

	<u>Name</u>	<u>Living</u>	<u>Age</u>	<u>Marital Status</u>	<u>Educ Occu</u>	<u>Illness,</u>	<u>Addiction</u>	<u>Other Issues</u>
<u>Father</u>								
<u>Mother</u>								
<u>Children</u>								
<u>Siblings</u>								
<u>Step Parents</u>								
<u>Grand-Parents</u>								
<u>Other Significa People</u>								

If you need more writing space, use reverse side.

Health and Medical Information

Are you currently being treated by a medical Practitioner? _____

If yes, for what purpose? _____

Do you have any chronic medical or physical conditions? _____

If yes, what are they and how do they affect you? _____

Please list all prescription and non-prescription medication you are currently taking:

Have you or anyone close to you ever been concerned about your alcohol or drug use?

Other Information

What is your current living situation? (eg. Living alone, with parents, roommates, partner, spouse, children, pets, etc.)

What prior experience do you have with counseling or psychotherapy? What has been helpful and what has not been helpful in the past?

Please comment on any significant life experiences you have had that have had an important effect on making you the person you are today (these could be positive or difficult and traumatic experiences).

What other information would be of value to me in helping you and what specifically would you like to accomplish in working with me?