



**E. Your current employer**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

**F. Chief concern**

Please describe the main difficulty that has brought you to see me:

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

**G. Health habits**

1. What kinds of physical exercise do you get?

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

2. How much coffee, cola, tea, or other sources of caffeine do you consume each day?

Which? \_\_\_\_\_

\_\_\_\_\_

3. Do you try to restrict your eating in any way?

How? \_\_\_\_\_

Why? \_\_\_\_\_

4. Do you have any problems getting enough sleep?  No  Yes. If yes, what problems?

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

Treatment

**H. Your medical care:** From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_

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

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?

Yes  No

1. Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before?

No  Yes If yes, please indicate:

When? \_\_\_\_\_ From whom? \_\_\_\_\_ For what? \_\_\_\_\_

\_\_\_\_ Results?

2. Have you ever taken medications for psychiatric or emotional problems?

No  Yes If yes, please indicate:

When? \_\_\_\_\_ From whom? \_\_\_\_\_ Which medications? \_\_\_\_\_ For what? \_\_\_\_\_  
results? \_\_\_\_\_

### **I. Emergency information**

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

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

Relationship: \_\_\_\_\_

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

Significant other/nearest friend or relative not residing with you:

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

Relationship: \_\_\_\_\_

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

### **J. Your education and training**

Dates

From	To	School	Major	Degree
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### **K. Employment and military experiences**

Dates

From	To	Name of employers	Job title or duties	Reason for Leaving
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**L. Family-of-origin history**

Relative Name Current age Illnesses Education  
Occupation Death

Father  
Mother  
Brothers

Sisters

Stepparents

**M. Marital/relationship history**

Spouse's name Spouse's age Your age Your age when  
Has spouse \_\_\_\_\_ at marriage at marriage  
\_\_\_\_ divorced/widowed Remarried?

First

Second

Third

**N. Significant no marital relationships**

Name of other person Person's age Your age Your age  
Reasons for ending \_\_\_\_\_ when started when  
started when ended \_\_\_\_\_

First

Second

Current

**O. Children** Indicate those from a previous marriage or relationship with "P" in the last column.

Name age Sex School Grade Adjustment  
problems?

**P. Is there any other information you think we should know?**