

Your experience with previous therapy: Positive Neutral Limited Negative
Have you been hospitalized for psychiatric or substance abuse problems? No Yes, (#) _____ times, year(s) _____

Current Concerns

Please provide a brief description of the major concerns that led you to seek therapy at this time.

Physical Health Status

Do you have any existing medical problems or any current physical symptoms of concern to you? If so, please describe.

Current drugs/medications:

Type of drug	Average dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate any major illnesses, accidents, and/or hospitalizations within the last 5 years:

Do you smoke? No Yes, (#) _____ per day
Do you drink alcohol? No Yes, (# drinks) _____ per week
Do you engage in any other substance/drug use? No Yes, explain _____
Do you exercise? Regularly Occasionally Rarely Never
How is your general food diet? Very healthy Questionably healthy Not very healthy Always changing
How is your general health? Excellent Good Fair Poor

Family Background

Have any family members had any moderate to severe psychological or medical problems? If so, please describe:

Please describe your family relationships: _____

Social/Occupational/Family Functioning

How is your social network? No close friends One close friend Few friends Many friends
How often do you make contact with friends? Regularly Occasionally Infrequently Never
Are you currently in a romantic relationship? No Yes, it is.... Generally positive Neutral Problematic
Are you able to talk to others about the concerns that bring you into therapy? No Yes
What is your living situation? Live alone Live with others, with whom? _____
How do you feel about your (circle one) work/school? Pleased Mostly satisfied Mixed Mostly dissatisfied
 Unhappy

Major dissatisfaction with (circle one) work/school? _____

Please describe any hobbies or recreational activities: _____