



PLEASE PRINT

TODAY'S DATE: _____

NAME: _____

HOME PHONE: _____ **CELL:** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

D.O.B. _____

STATUS: S M D W

E-Mail address: _____

REFERRED BY: _____

Are you comfortable with the therapist praying at the end of each session? _____

Do you use alcohol or other drugs on a regular basis and if so, how often?

How is most of your free time occupied?

What is the role of religion/spirituality/church in your life, both past and present?

Denomination?

Briefly list the reason for your visit:

Education: _____

Current Occupation:

Circle any of the following that apply to you.

Headaches

Dizziness

Fainting

Palpitations

Stomach trouble

Poor/No appetite

Excessive appetite

Weight loss/gain Bowel trouble Excessive sweating

Trouble falling asleep Fitful sleep Nightmares
Early waking Hate to get up Take sleeping pills

Tired Exhaustion Confused Disoriented

Hard to concentrate Forgetful Memory Loss

Strange Sensations Overly suspicious Personality change

Blackouts Tremors Drinking more than socially

Alcoholic Use drugs Smoke pot

Don't like weekends/vacations Feel tense

Fearful Anxious Panicky Worried

Unable to relax Driven Can't sit still

Unable to have a good time Don't care about anything

Fussy Perfectionistic Scrupulous Obsessive thoughts
Compulsion to do certain things Sexual problems

Feel inferior Inadequate Lonely Unloved

Shy Afraid of people Hard/unable to make friends

Afraid of people Fear of hurting one's feelings
Eager to please Indecisive Change mind often

Depressed Worthless Feel helpless Hopeless

Guilty Ashamed Thoughts of death/suicide

Fear of dying/ losing mind/ having cancer Very selfish
Impulsive behavior Unstable Unpredictable moods

Unstable Quick to anger Uncontrollable outbursts

Hard to deny self Conflict w/ authority Financial Problems

Frequent job changes Disbelief in God
Changed values Crisis of faith Identity crisis

Not living up to religious obligations Find prayer meaningless

Other symptoms not mentioned above:

How would you describe your present health? Please rate each:
Excellent, Good, Fair, Poor

A. Physical _____
B. Emotional _____
C. Spiritual _____

Are you presently taking medication? If so, what and for what conditions?

Have you ever been under the care of a psychiatrist or therapist?
Yes No

If yes, with whom and what was the nature of the treatment?

Have you received any psychological testing/ diagnosis? From whom and when? What were the results?

Names of biological family members (parents, siblings):

Are they living?

Any family history of mental or emotional illness/ substance abuse?

With whom do you live now?

Childhood:

Briefly describe what it was like growing up in your home:

Describe discipline in your home and who enforced it?

Was mother's pregnancy and delivery (with you) normal? Any complications? Were all developmental milestones (walking, talking, toilet training) met at normal times? Normal childhood diseases?

Any hospitalizations, trauma (including sexual or physical abuse) while growing up?

Any outstanding memories (positive or negative) regarding elementary, middle, or high school?

Sexually active?

Highest grade completed?

Any learning disabilities?

Do you have any hobbies or interests?

Who are your friends now?

Marital status: Married Divorced Single Co-habiting

Spouse/ Significant other: _____

Age: _____ His/her occupation: _____

Year Married: _____

Children (Name/age):

Describe marriage:

Any previous marriages by you or your spouse:

Any financial problems at present?

Legal problems?

Ever arrested?

Military service:

Does your present way of work and life satisfy you?

In what way of life/work do you think you would be happiest?

Anything else that I should know?
