Personal and Family History

Have you or a close relative ever been hospitalized for a psychiatric illness?  □ Yes  □ No

Does anyone in your family have a mental illness?  □ Yes  □ No

Has anyone in your family every attempted or committed suicide?  □ Yes  □ No

Does anyone in your family have a substance abuse problem?  □ Yes  □ No

Have you ever taken previous medications for emotional or behavioral problems?  □ Yes  □ No

Have you ever suffered from any physical abuse or neglect?  □ Yes  □ No

Have you ever been a victim of sexual abuse?  □ Yes  □ No

Have you ever been arrested?  □ Yes  □ No

If “yes” to any of the above, please briefly explain (who, when, etc.): ______________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

1) (✓) How well you are doing on your job:
   0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □
   Not Working  Cannot Function  Serious Problems  Moderate Problems  Mild Problems  No Problems

2) (✓) How well you are doing in your marital/significant other relationship:
   0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □
   N/A  Cannot Function  Serious Problems  Moderate Problems  Mild Problems  No Problems

3) (✓) How well you are doing in your family relationships:
   0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □
   N/A  Cannot Function  Serious Problems  Moderate Problems  Mild Problems  No Problems

4) (✓) How well you are doing in relationships with people outside your family:
   0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □
   N/A  Cannot Function  Serious Problems  Moderate Problems  Mild Problems  No Problems

5) (✓) Please rate your current physical health:
   0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □
   Very Poor  Excellent

Turn Over
6) (✓) Please rate your general happiness and well-being:

0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □

Very Poor

Excellent

**Presenting Problem:** Please describe the problem(s) that prompted you to seek help:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please describe any changes or events that might have contributed to the problems’ development:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Therapy Goals:**

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________