

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 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:

Additional Information

Are there other important information you would like to share with me?
