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Date:

Name:

Mailing address:

Phone number:

Can messages be left at this number?

Date of Birth:

What ethnicity or race do you consider yourself?

Level of education:

Occupation:

Married Single Divorced Widow/ed Separated

How many times have you been married?

Length of each marriage?

Military Service: Is your spouse in the military?

Deployment location and dates:

Dentist: Phone # Last Visit:

Physician: Phone # Last Visit:

Current medications?

Who currently resides in your home?

Do you have pets?

Do you have children?

How many alcoholic drinks do you consume in a week?

Do you use tobacco products? Cigarettes Chew pipe Cigar

Do you wish to quit?

How many energy drinks do you consume in a week?

How many cups of coffee do you consume in a day?

Do you exercise regularly?

Do you have any significant health issues, current and/or past?

Circle any issues that you are experiencing or have experienced in the past:

Sleep Alcohol Drugs-street/prescription Sexually abused as child

Suicide- either attempt, thoughts, close family or friend

Sexual assault Anxiety Spirituality Parenting Grief/Loss

Domestic violence witness or victim of Trauma Depression

Irritability Money Anger Coping with stress Loneliness

Work Health Relationship with significant other/children

Guilt Sexual fulfillment Rejection Legal Motivation

Reason for seeking counseling:

What would you like to gain/achieve from therapy?

On a scale from 1 to 10, with 10 the worst, where would you rate this current issue?

Have you worked on this issue before in counseling?

If so, with whom and when?

Are there any other issues or concerns that would be helpful to know so that I will be better able to help you?