

Name _____

Address _____
(Street) (City) (State) (Zip)

Sex _____ Age _____ Date of Birth _____ Phone _____
Occupation _____ Education/Training _____
Business Address _____ Phone _____
Referred for counseling by _____

PERSONAL HISTORY

Parents: Name Age(if living) Occupation Marital Status

Father: _____

Mother: _____

Guardian Name (if applicable) _____ Relation to you _____

Reason for Guardianship _____ Date _____ to _____

Siblings: Name Age Relationship Marital Status

More than five? Yes No

Indicate which might have applied during your childhood and/or adolescence:

School problems _____ Family problems _____ Medical problems _____

Drug/Alcohol abuse problems _____ Social problems _____ Legal problems _____

Please explain: _____

OCCUPATIONAL HISTORY

What jobs have you held in the past?

Does your present work satisfy you? If not, please explain.

Present annual income _____

MARITAL HISTORY

Marital Status: Single Engaged Married Remarried Separated Divorced Widowed

Your Present Marriage (if applicable)

Spouse's name _____ Age _____ Occupation _____

Spouse's religious background _____ Education _____

Date of marriage _____ Have you ever been seperated from your present spouse?

If yes, please specify when: 1) _____ to _____ 2) _____ to _____

Children

Constant hunger__ Changes in consciousness__ Hypoglycemia__
Food cravings__ Lung problems__ Fever__
Headaches__ Allergies__ Pneumonia__
Dizziness__ Cancer__ Speech Problems__
Stiff neck__ High Blood Pressure__ Incoordination__

List previous surgeries (those which required anesthesia)

List all prescription and over-the-counter medications: Include diet pills, laxatives, birth control pills, cold and allergy medicines, aspirin.

What is your average daily caffeine consumption? Include coffee, tea chocolate, stimulants, and caffeinated soft drinks.

How many hours of sleep do you average each night? Have there been any recent changes? Is this sleep restful?

Have you or others noticed any changes in your personality (anger, mood swings, withdrawal) thinking and memory, or work habits?

As you see yourself, what kind of person are you? (describe yourself)

State in your own words the nature of the main problem(s) that brings you for counseling:

When did your problems begin? Please specify a date if possible.

Please describe any significant events occurring at that time.

What have you done to try to resolve your problems(s)?

What would you like us to do for you? What kind of help do you want from us?

Is there any other information we should know?
