

Please take your time in providing the following information. The questions are designed to help us begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

Referred by: Insurance Provider Website Friend/Family Self Other: _____

Have you previously received any type of mental health services? Yes No

If yes what kind of treatment: _____

Location: _____ **Dates of treatment:** _____ **Reason for treatment:** _____

Briefly, what brings you in today When did your problem first start?

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc):

Physical Health *Please list any medications, herbs, or supplements. Be sure to include the condition, as some medications are prescribed for off-label use. Continue on the back if needed, or provide a separate list. If you have a complicated medical profile, please supply supporting documentation to be able to facilitate a comprehensive understanding of your health:*

Please describe current use of alcohol, cigarettes, and/or recreational drugs: Please describe previous use of alcohol, cigarettes, and/or recreational drugs:

What do you enjoy doing in your free time? What do you do to relax?

What are 3 things that are awesome about you?

What are some of your goals for therapy?
