



Are you currently receiving psychiatric services, professional counseling, or psychotherapy elsewhere?  Yes  No

Have you had previous psychological counseling?  Yes  No

Are you currently taking prescribed psychiatric medication (antidepressants or others)?  Yes  No

If yes, please list medication, dosage, and the approximate date treatment began:

<i>Medication</i>	<i>Dosage</i>	<i>Reason Prescribed</i>	<i>Approx Date Began</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If *not* currently prescribed psychiatric medication, have you been prescribed such medications in the past?  Yes  No

If yes, please list medication, dosage, and the approximate date treatment began and ended:

<i>Medication</i>	<i>Dosage</i>	<i>Reason Prescribed</i>	<i>Date Began/Ended</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently taking any other prescribed medication (e.g., for hypertension, migraines, etc.)?  Yes  No

If yes, please list medication, dosage, and the approximate date treatment began:

<i>Medication</i>	<i>Dosage</i>	<i>Reason Prescribed</i>	<i>Approx Date Began</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been hospitalized for psychiatric reasons?  Yes  No

If yes, what hospital, date began/ended, precipitating event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever received a psychiatric diagnosis?  Yes  No

If yes, what was the diagnosis and the approximate date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL & HEALTH ISSUES**

1. How is your physical health at present? Poor Unsatisfactory Satisfactory Good Very good
2. Please list any **persistent physical symptoms, chronic illnesses, or other health concerns** (e.g. chronic pain, headaches, fibromyalgia, diabetes, etc.):

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3. Do you have any form of chronic or current illness? **Yes / No**  
If yes, what hospital, date began/ended, precipitating event:

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4. Do any of your family members have any chronic or current illness? **Yes / No** (If yes, please specify what and who)

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5. Do you regularly use alcohol? **Yes / No**

*How often do you use alcohol, and what do you typically drink?* \_\_\_\_\_

*Have you used more alcohol or drugs than you intended this year?* **Yes / No**

*Have you ever felt the need to cut down on the amount of alcohol you drink?* **Yes / No**

Do you consider your alcohol consumption a problem? **Yes / No Unsure**

6. How often do you engage recreational drug use?

Daily Weekly Monthly Rarely Never

*Have you ever felt the need to cut down on the amount of drugs you use?* **Yes / No**

List any recreation drugs you currently use and how often you use them:

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Do you consider this drug use a problem? **Yes / No Unsure**

7. Is there a history or alcohol/substance abuse or dependence in your family? **Yes / No** (If yes, please specify)

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8. Is there a history or mental health concerns or mental illness in your family? **Yes / No** (If yes, please specify)

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**JOB HISTORY**

List your most recent job/employment, along with your title/position.

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When and how long were you employed at this job? \_\_\_\_\_

List previous jobs (including length of employment and reason for leaving), beginning with most recent.

<i>Job Title</i>	<i>Length</i>	<i>Reason for Leaving</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been fired from a job? **Yes / No**

*If yes, what hospital, date began/ended, precipitating event:*  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the military? **Yes / No**

*If yes:* Rank at discharge \_\_\_\_\_  
Type of discharge \_\_\_\_\_  
Length of Service \_\_\_\_\_

**EDUCATIONAL HISTORY**

List the most recent education you have received (e.g., high school, vocational school, college).

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What is the highest degree you have earned, and from what educational institution?  
\_\_\_\_\_

When did you attend this school? \_\_\_\_\_ For how long? \_\_\_\_\_

**SOCIAL HISTORY AND OTHER ISSUES**

Describe your marital status:      Single    Domestic Partner    Married    Divorced    Widowed

Other (*specify*): \_\_\_\_\_

With whom do you live? List first names and relationships (e.g., spouse, child, parent, sibling, friend) below:

<i>Name (Relationship)</i>	<i>Age</i>	<i>Education</i>	<i>Occupation</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 1. Are any family members currently a source of support for you? **Yes / No**
- 2. Are any friends currently a source of support for you? **Yes / No**
- 3. About how many friends would you describe as *close*?    \_\_\_None    \_\_\_One    \_\_\_Two or three    \_\_\_Four or more
- 4. In the past, how would you rate the quality of your **peer relationships**?  
                    Very Poor            Unsatisfactory About            Average            Good            Excellent
- 5. In approximately how many significant intimate relationships (e.g., lasting 6 months or more) have you been involved? \_\_\_\_\_

Are you in one now? **Yes / No** (If yes, please specify current length of relationship) \_\_\_\_\_ mos / yrs

- 6. Have you had suicidal thoughts recently? **Yes / No** (If yes, circle applicable response):  
                    Frequently            Sometimes            Rarely            Never
- 7. Have you had them in the past? **Yes / No** (If yes, circle applicable response)  
                    Frequently            Sometimes            Rarely            Never
- 8. Have you ever attempted suicide? **Yes / No** (If yes, please list the age(s) of the attempt(s)) \_\_\_\_\_
- 9. Have you ever intentionally inflicted any other form of harm upon yourself? **Yes / No**
- 10. Have you intentionally inflicted any form of harm upon yourself recently? **Yes / No**
- 11. Do you currently have any legal concerns or issues pending? **Yes / No** (If yes, please specify)

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