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Welcome!

Introductory Questions

Best times to meet:

_ _ _ _ _ _ _ _ _ _ _ _

Today's Date:

- - - - - - - - - - - - - - - - Demographics

Person #1: Name: Gender: Age: Birthdate:

Marital Status: Single ? Married ? Other ? Employed ? F/T Student ? P/T Student ?

Person #2: Name: Gender: Age: Birthdate:

Marital Status (Single ? Married ? Other ?) Employed ? F/T Student ? P/T Student ?

Names of other individuals in the picture:

- - - - - - - - - - - - - - - -

Address:

Mailing Address (if different):

- - - - - - - - - - - - - - - -

Phone - Person #1:

Home: OK to leave a message? Yes ☐ No ☐
Cell: OK to leave a message? Yes ☐ No ☐
Work: OK to leave a message? Yes ☐ No ☐

Phone - Person #2:

Home: OK to leave a message? Yes ☐ No ☐
Cell: OK to leave a message? Yes ☐ No ☐
Work: OK to leave a message? Yes ☐ No ☐

Counselor Use Only

Dx for Insurance:

_ _ _ _ _ _ _ _ _ _ _ _

1st Session Date: _ _ _ _ _ _ _

Sig Page ☐ Date: _ _ _ _ _

PCP Consent ☐ Date: _ _ _ _ _

PCP Contact ☐ Date: _ _ _

Couples ☐ Transp ☐ Private

☐ Transp ☐ Private

Closure ☐ Date: _ _ _ _ _

- - - - - - - - - - - - - - - -

Email - Person #1:

Email - Person #2:

- - - - - - - - - - - - - - - -

Emergency Contact (Name, Address, Phone):

PCP (Doctor): Consent to contact? Yes ☐ No ☐

Employer/livelihood:

- - - - - - - - - - - - - - - - Insurance

Insurance Company and Policy Number:

Secondary/Add'l Insurance Coverage info:

Name(s): _____

- - - - - - - - - - - - - - - - - How did you get here and where do you want to go?

How did you hear about me? Who referred you?

Reason for coming to therapy:

How do you imagine things can be better for you?

How do you imagine we'll be using the time in our therapy sessions to help you?

- - - - - - - - - - - - - - - - - Primary relationships

Family constellation [small family tree of immediate relations, including pets you may have]:

For Family Therapy: Brief history of relationship: Years known, dated, living together, married, separated?

If you are a couple w/ children, do you get 1 hr/wk together, just the two of you? Yes ☐ No ☐
And how about 1 hr/wk alone to do your own thing, separate fr your partner? Yes ☐ No ☐

How much time do you spend talking w/your partner w/o your phone on and w/you? _____

- - - - - - - - - - - - - - - - - Physical health

Current physical health issues, conditions, limitations – anything affecting your capacity to function and enjoy life as fully as you would wish:

Current medications (name, dose, freq):

Allergies:

Diet:

Exercise:

Sleep: Any difficulty with: Falling sleep ☐ Staying asleep ☐ Getting up ☐

Name(s): _____

- - - - - - - - - - - - - - - - Mental health

Struggles with

Mood?
Anxiety?
Suicidal thoughts, plans, or actions (pls elaborate)?

Do you or are you aware if anyone you know has concerns about *your* use of alcohol or a drug? Yes ☐ No ☐
– Do you have concerns about *your partner's* use of alcohol or a drug? Yes ☐ No ☐

Past and present "compelling" relationships. Include type, amount, and frequency:

Alcohol:

Cannabis:

Heavier drugs (uppers / downers / all arounders):

Entheogens:

Food:

"Process Addictions" (e.g., work, gambling, shopping, internet, exercise, sex, caretaking):

Socially acceptable legal drugs. Include type, amount, and frequency:

Nicotine:

Caffeine:

Sugar:

- - - - - - - - - - - - - - - - Other considerations, past and present

Past issues (significant probs, accidents, hospitalizations, mental health incidents):

Other past and/or present experiences. specifically w/trauma or abuse – which could include physical, emotional, verbal, or sexual abuse. This can include past family issues including being around other family members who have issues with alcohol or other drug use:

Current existential / circumstantial limitations, challenges, struggles, stressors
– such as finances, work, living situation, legal issues, family, education:

Counseling in the past – and was it helpful or not:

Anything else you think would be helpful for me to know, including your strengths, interests. skills, and self-care modalities. Feel free to continue on the reverse side of the page: