



Please describe briefly, the problem(s)/symptom(s) that bring you into counseling \_\_\_\_\_

\_\_\_\_\_

Symptoms/Chief Complaints:

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Sleep:	( )	( )	( )	Restless:	( )	( )	Nightmares:	( )	( )
Appetite:	( )	( )	( )	Weight loss:	( )	( )	Weight gain:	( )	( )
Energy level:	( )	( )	( )	Low energy:	( )	( )	Hyper:	( )	( )
Sexual interest:	( )	( )	( )	_____					
Attention level:	( )	( )	( )	_____					

	<u>Yes</u>	<u>No</u>
Crying spells:	( )	( )
Sadness:	( )	( )
Depression:	( )	( )
Suicidal thoughts:	( )	( )
Homicidal thoughts:	( )	( )

Have you ever had a problem like this before? [ ] Yes [ ] No

If so, when did it happen and how did you deal with it \_\_\_\_\_

\_\_\_\_\_

Have you ever physically harmed anyone? [ ] Yes [ ] No

If yes, please specifically explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested for a crime? [ ] Yes [ ] No

If yes, please specifically explain \_\_\_\_\_

\_\_\_\_\_

Has anyone in your family (parents, siblings) had a diagnosed psychological or emotional problem?

[ ] Yes [ ] No

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Has anyone in your family (parents, siblings) had a substance abuse problem? [  ] Yes [  ] No

If yes, who, what problem, when? \_\_\_\_\_

\_\_\_\_\_

Have you ever been in psychotherapy/counseling before? [  ] Yes [  ] No

If yes, give dates and type \_\_\_\_\_

Have you ever been hospitalized for psychological/emotional difficulties or/and eating disorder, alcohol/drugs, surgery or childbirth? [  ] Yes [  ] No

If yes, give dates and reason \_\_\_\_\_

\_\_\_\_\_

Has any physician ever prescribed medication for psychological problems/emotional difficulties or an eating disorder? [  ] Yes [  ] No

If yes, who dates and type of medication \_\_\_\_\_

\_\_\_\_\_

Are you currently using any prescribed or non-prescribed medication? [  ] Yes [  ] No

If yes, name of medication, dosage and reason prescribed \_\_\_\_\_

\_\_\_\_\_