

*If there are any questions you prefer not to answer, just leave them blank.*

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

What is the main problem that led to you coming here?

---

---

---

How long have you had this problem? \_\_\_\_\_

Describe any previous treatment including psychotherapy and use of medications.

---

---

---

#### Family History

Who raised you? \_\_\_\_\_

Where were you raised? \_\_\_\_\_

Number of brothers & sisters? \_\_\_\_\_ Birth order? \_\_\_\_\_

What work did your father do? \_\_\_\_\_

What work did your mother do? \_\_\_\_\_

Did you have any significant or severe childhood illnesses or injuries?

---

---

#### Employment History

At what age did you begin working full-time? \_\_\_\_\_

What has been your primary occupation? \_\_\_\_\_

#### Medical History and Health

Who is your primary care physician? \_\_\_\_\_ Psychiatrist? \_\_\_\_\_

Do I have your consent to communicate with your other health care providers about your treatment with me? \_\_\_\_\_

Please provide phone numbers and addresses if known. \_\_\_\_\_

---

---