



**CURRENT:**

**Partner:** \_\_\_\_\_ **Years:** \_\_\_\_\_

**PARTNER'S: Education:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Nature of your relationship:**

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**PAST Partners** (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

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**CHILDREN/STEP/GRAND** (names/ages & brief statement on your relationship with the person)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**PARENTS/STEP-PARENT** (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

**Father:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step-  
parents:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS** (name/age, if dead: age and cause of death & brief statement about the relationship):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**MEDICAL DOCTOR/S** (name /phone): \_\_\_\_\_

**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents, falls, illness):

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**SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:**

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**PAST/PRESENT DRUG/ALCOHOL USE/ABUSE** (AA, NA, treatments):

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**SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc)

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**FAMILY MEDICAL HISTORY** (Describe any illness that runs in the family: cancer, epilepsy, etc):

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**FRIENDSHIPS, COMMUNITY, & SPIRITUALITY** (Describe quality, frequency, activities, etc.):

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**PAST/PRESENT PSYCHOTHERAPY** (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

**Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Beg Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Number os Sessions:** \_\_\_\_\_

**Reason for therapy:** \_\_\_\_\_

**Reason Therapy**

**Ended:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Beg Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Number os Sessions:** \_\_\_\_\_

**Reason for therapy:** \_\_\_\_\_

**Reason Therapy**

**Ended:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Beg Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Number os Sessions:** \_\_\_\_\_

**Reason for therapy:** \_\_\_\_\_

**Reason Therapy**

**Ended:** \_\_\_\_\_

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On a separate sheet of paper, please write the answers to the following questions. Please be as thorough as you can with each question.

**Family of Origin:**

- Describe your mother and father (both strengths and weaknesses).
- How did your parents show affection to each other and their children?
- Describe your parent's marital history.
- Describe your parent's parenting philosophy.
- Describe your parent's means of motivation/discipline.
- Describe the communication style of your family of origin.
- How did your parent's handle disagreements and conflicts?
- How many siblings do you have and what role did each sibling play in family dynamics?
- Do you see any family patterns being repeated in your current family or in your siblings current families?
- Describe any changes in your family of origin, including: moves, job changes, significant events, deaths, separations from parents, divorce, major illness, or injuries.
- Describe your early childhood including any illnesses, hospitalizations, injuries, and separation from parents. Include significant memories, favorite activities, etc.

**Current Family:**

- Describe your current marriage/relationship (include both strengths and weaknesses).
- Write a brief description of any previous marriage(s).
- Describe your parenting philosophy.
- Describe your means of motivation/discipline.
- Describe any differences of parenting styles.
- Describe your communication styles.
- How are decisions made?
- Describe any current significant medical problems.
- List your children and give a brief description of each child.
- What concerns do you have with any other family member?
- Describe the family's support system.
- Describe your family's involvement with outside activities.
- How large of a role (if any) does religion play in your family?
- Describe your family's lifestyle.

**ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S?** (if you answer Yes, please explain):

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**What gives you the most joy or pleasure in your life?**

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**What are your main worries and fears?**

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**What are your goals for therapy?**

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**INFORMED CONSENT:**

*Please provide the information requested below. Your signature will indicate that you understand and accept the information contained in the four-page document "Informed Consent Information".*

**Printed name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Ok to Email?** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **OK to leave message (Y/N)?** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **OK to leave message (Y/N)?** \_\_\_\_\_

**Who referred you to this practice?** \_\_\_\_\_

**May I thank your referral source (Y/N)?** \_\_\_\_\_

**Will you want receipts to file for insurance reimbursement (Y/N)?** \_\_\_\_\_

**This acknowledges that I have read the HIPPA Privacy Form and may request a copy for my files.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_