

_____ Change in eating habits - Specify Restricting Bingeing Overeating
 Purging Laxative use for dieting Over-exercising

_____ School issues

_____ Friend issues

_____ Relationship issues

_____ Job issues

_____ Drug / alcohol problems

_____ Legal issues

Please check all of the following that apply to you:

_____ I don't have enough friends

_____ I often feel inferior

_____ I often feel excluded

_____ I don't like myself

_____ I don't like my appearance

_____ People put me down

_____ I get into a lot of fights

_____ I try to get my own way

_____ I'm worried about my grades

_____ I try to please everyone

_____ I have trouble saying "No"

_____ I usually think I am right

_____ I feel like I don't fit in

_____ I like to argue with others

_____ Other's opinion of me is very important

_____ I am overly competitive

Background Information

Please list any series medical concerns you have currently or have had in the past (including surgeries): _____

Please list any chronic illnesses / disabilities: _____

Please list any medications you currently take, dosage, reason prescribed and your prescriber: _____

Current Living Situation (please check all that apply):

Apartment House Multiple Homes Other

If multiple homes, specify time spent at each home: _____

Please list everyone that currently lives in your household:

Name	Relationship	Age	Education	Occupation

Please list everyone that currently lives in a second household:

Name	Relationship	Age	Education	Occupation

Family History

Have you ever participated in therapy before? Y N
 If yes, please list where and when: _____

Has anyone else in your family participated in therapy before? Y N
 If Yes, please list where and when: _____

Please check all that apply past or current:

	Anxiety	Depression	OCD	Bipolar Disorder	ADD/ADHD	Suicide Attempts	Addiction
Mother							
Father							
Sister							

	Anxiety	Depression	OCD	Bipolar Disorder	ADD/ADHD	Suicide Attempts	Addiction
Brother							
Paternal half-sibling							
Maternal Half-sibling							
Maternal Grandmother							
Maternal Grandfather							
Paternal Grandmother							
Paternal Grandfather							
Maternal Aunt / Uncle							
Paternal Aunt / Uncle							
Other							

Please describe any major changes, trauma or stressors in your life (for example family conflict, deaths, recent moves, family illness): _____

Describe any major changes or stressors expected in the near future: _____

Please complete the following related to your current substance use:

	Type	Amount	Frequency	Past	Present
Alcohol					
Tobacco					
Illicit Drugs					
Prescription Drugs (not prescribed to you)					
Prescriptions Drugs (prescribed to you, however you are not using as prescribed)					
Non-prescription Drugs					

Describe your current caffeine intake (this includes coffee, tea, energy drinks, pop, chocolate): _____

Social History

Describe any issues you are currently experiencing with relationships: _____

Describe any issues you are currently experiencing with work: _____

What kind of exercise do you participate in and how often? _____

Describe your interests and hobbies: _____

Describe your strengths: _____

Education issues:

Problems during school: _____

Learning Disabilities: _____

Are you currently a student? [] Y [] N Institution name: _____

Program: _____ Expected date of graduation: _____

Highest level of education: _____

Employment:

Are you currently employed? [] Y [] N

Employer and Position: _____

Any current or past employment problems: _____

Military: Are you currently a member of the United States Military? [] Y [] N

Dates of Service: _____

Branch: _____ Position Held: _____

Reason for leaving if applicable: _____

Religion/Spirituality:

Religious Affiliations: _____

Spiritual involvement: _____

Religious/Spiritual preferences: _____

Culture:

Ethnic background: _____

List any customs or beliefs of your culture that are important to you: _____

Client Expectations

What do you hope to gain from therapy? _____

How do you think you will know when you have met your therapy goals? _____

How long do you expect to participate in therapy? _____