

**Getting to know you** - Please complete this and bring with you to the first session.

Name:

Date:

Address:

City, State:

Zip:

Best phone number to reach you: (     ) \_\_\_\_\_

is it okay to leave a message? Yes No May I text you? Yes No

Email:

May I email you? Yes No \*Please note: Email and text correspondence is not considered to be a confidential medium of communication.

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Will you be using insurance?

if you are not the insured, please provide:

Insureds name:

Insureds birthdate:

Insureds address:

## **General and Mental Health Information**

1. How would you rate your current physical health? (Please circle one) Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits? (Please circle one)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

3. How many times per week do you generally exercise?

What types of exercise do you participate in?

4. Please list any difficulties you experience with your appetite or eating problems:

5. Are you currently experiencing overwhelming sadness, grief or depression?  No  Yes

If yes, for approximately how long?

6. Are you currently experiencing anxiety, panics attacks or have any phobias?  No  Yes

If yes, when did you begin experiencing this?

7. Are you currently experiencing any chronic pain?  No  Yes

If yes, please describe:

8. How often do you drink alcohol?

About how much alcohol per use?

9. How often do you engage in recreational drug use?

Daily  Weekly  Monthly  Infrequently  Never

10. Are you currently in a romantic relationship?  No  Yes

If yes, for how long?

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship?

Names and ages of children:

11. What significant life changes or stressful events have you experienced recently?

## **Family Mental Health History**

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

Alcohol/Substance Abuse yes / no \_\_\_\_\_

Anxiety yes / no \_\_\_\_\_

Depression yes /no \_\_\_\_\_

Domestic Violence yes / no \_\_\_\_\_

Eating Disorders yes / no \_\_\_\_\_

Obesity yes / no \_\_\_\_\_

Obsessive Compulsive Behavior yes / no \_\_\_\_\_

Schizophrenia yes / no \_\_\_\_\_

Suicide Attempts yes / no \_\_\_\_\_

## **Additional Information**

1. Are you currently employed?  No  Yes

If yes, what is your current employment situation?

Do you enjoy your work? Is there anything stressful about your current work?

2. Do you consider yourself to be spiritual or religious?  No  Yes

If yes, describe your faith or belief:

3. What do you consider to be some of your strengths?

4. What do you consider to be some of your weaknesses?

5. What would you like to accomplish out of your time in therapy?

Who should I contact in case of an emergency  
Name/relationship to you:

Phone:

How did you hear about me?

**Please answer the following questions. Use a separate sheet of paper if necessary.**

1. If you were to give your life thus far a title, what would that title be? Why?

2. What has life taught you about yourself

3. If your life were to end today, what would you regret? What would you regret not having done? Who would you regret not having become?

4. Think of life as a school. What lessons have shaped the person you are today? What have you learned about how life works?

5. What are the top five priorities worthy of your time and attention? What makes them worthy?

6. What do you need to release from your life in order to make space for the priorities that matter now? What would you let go of if you knew you could do so without negative consequences?

7. What's great about your life right now? Where do you find meaning or feel a sense of purpose? Who are you grateful for and why?

8. What are the simple pleasures that give you a deep sense of joy and satisfaction?

9. If you were to receive an award for doing what you most enjoy, what would the award be called? Why?

10. If life gives us messages (before lessons, problems, and crises), what messages might life be sending you now? How are you responding to these messages?

11. What do you keep looking forward to? If you were to move your future into the present, how would you live your life differently?

12. Name two of your most treasured memories. What makes them memorable? What do these experiences have to teach you about what matters most at this time in your life?