

Date _____

Name: _____
 First Middle Last

Home Address, including City, State, & Zip Code _____

Phone:(Home) _____ (Cell) _____ email: _____

If your voice mail answers my call, please indicate Yes or No if I may leave a message at:
(Home) _____ (Cell) _____

Emergency Contact: _____
(Name, Relationship, and Phone Number)

Date of Birth: _____

Is there a third party payer (health insurance, EAP, employer) you would like to participate in this relationship? If yes, please name provider:

Name of current physician and/or psychiatrist:

Prescribed Medications: _____

How often do you see a physician or psychiatrist: weekly, monthly, annually, or less?

In the last three months, have you consumed any of the following in quantities which someone, including you, may feel was 'unhealthy' (alcohol, tobacco, marijuana, narcotics, food): _____

Have you had thoughts of harming yourself or others in the last week? _____

In the last three months, have you been involved, either as perpetrator or victim, in a physically violent relationship? _____ Verbally violent? _____

In years past, within your family of origin or a romantic relationship, have you been involved in a physically or verbally abusive relationship or one that was noticeably neglectful? If so, name your age(s) at the time

How many hours of play or relaxation do you have each week? What are the ways you regularly play or relax?

How many hours do you normally work in a week? Does your work give you joy, purpose, income, anxiety, exhaustion, meaninglessness, other, or none of the above?

How many hours of sleep do you normally have each day? Do you have regular difficulties falling asleep, staying asleep, oversleeping, or unpleasant dreams?

How much time do you spend alone: too much; too little; just enough? _____

Describe your food routine (quality and quantity of food, (ir)regularity of meals):

Do you regularly experience any of the following: migraine headaches, pain in your muscles or joints, anger, allergies, autoimmune conditions, recurring infections, respiratory difficulties, digestive troubles, insomnia, exhaustion, loneliness, fear? If yes, hourly, daily, weekly, or monthly?

If you and someone you love were in a disagreement, would you prefer to discuss the matter right away or give it a little time? _____

If you were feeling ill, would you be more likely to: a) wait to see if it gets worse before calling for medical attention; b) call early just to be on the safe side; c) ask the doctor how they were feeling _____