



General

Name _____ Date _____

Address _____

Home phone _____ Cell phone _____

E-mail _____ Referred by _____

Age _____ Date of birth _____

Gender _____ Preferred pronouns _____

Grade _____ Spiritual/Religious Affiliation _____

Parent/Emergency contact info _____

Areas of Concern

What issues/concerns cause you to seek treatment? Please describe. _____

Do you have any specific goals with regard to your treatment? _____

Do you have any particular concerns/fears with regard to treatment? _____

Psychological History

Have you ever received mental health treatment before? _____

When and for how long? _____

What was the focus of treatment? _____

Name of treating therapist(s), telephone number(s) _____



Have you ever sought psychological testing? _____

If so, by whom? _____

Name of person(s) administered psychological tests, telephone number(s) _____

Are you willing to sign a release of information so I can contact your former providers?

Yes _____ No _____

If not, why? _____

Have you ever been hospitalized for mental or emotional problems? _____

When and for how long? _____

Why were you hospitalized? _____

Are you currently taking any prescription medications? _____

Prescribed by whom? _____

How long have you been on the medications? _____

Have you ever taken any medications for a mental or emotional condition? _____

When and for how long? _____

Have you ever attempted suicide? _____

When? _____

Describe the circumstances that led to that attempt. _____

Are you currently experiencing any suicidal thoughts? Please describe _____



Medical History

Have you ever been diagnosed with a serious illness? Please describe _____

Do you have any medical conditions that may affect your mental health treatment? _____

Please describe your overall health today. _____

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. _____

Substance Use History

Have you ever been in a 12-step program or other recovery program? Please describe.

Do you smoke? _____ How much? _____ For how long? _____ Do you drink alcohol? _____ On average, how much alcohol do you consume in a week? _____

Do you currently use illegal drugs? Please describe your use _____

Have you ever used illegal drugs? Please describe. _____

Other Information

Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested. _____
