



Background Information

Name _____ Date: _____

Date: _____

Chief concern: Please describe the main difficulty that has brought you to see me:

Prior Treatment

1. Have you ever received psychological or counseling services before? No Yes If yes:

When? From whom? For what? With what results?

2. Have you ever taken medications for psychiatric or emotional problems? No Yes If yes, please list medications taken and briefly describe the results:

Abuse history: If you've ever been physically, emotionally, or sexually abused, please briefly describe:

Present relationships

1. How do you get along with your present spouse or partner?

2. How do you get along with your children and/or your parents?

Chemical use

1. How much beer, wine, or liquor do you consume in an average week? _____

2. How much tobacco do you smoke or chew each week? _____

3. Which drugs (not medications prescribed for you) have you used in the last 10 years? _____

Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, and their effects:

Other

Is there anything else that is important for your psychologist to know about you? If yes, please tell me about it here:
