



Your Name: _____ Today's Date: _____

What brings you in for counseling: _____

What is your highest academic degree earned: _____

What was/is your degree field: _____

Have/Do you served in the military? If so, please describe your service: _____

If you are currently employed, what is your occupation/job? _____

How long have you been in your current position? _____

How satisfied are you with your current position? _____

What medications (and dosages) are you currently taking for a medical condition(s)? _____

What major surgical procedures have you undergone? _____

What medications (and dosages) are you currently taking for psychological reasons? _____

Have you previously taken medications for psychological reasons? _____

Describe any previous counseling experiences: _____

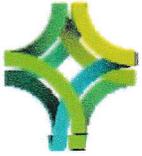
If you have been hospitalized for psychological reasons, please describe: _____

What is your family history of psychological/psychiatric issues and challenges? _____

Do you have any siblings/step-siblings? _____

Are your parents divorced? If so, what age were you at time of divorce? _____

Have you experienced any of the following within the last 12 months:



Separation/divorce/loss of a relationship partner? _____

A loss through death of a significant person in your life? _____

Relocation and/or change of jobs? _____

Please describe your current level of substance use (including alcohol, cigarettes, and nicotine):

Is there additional information that would be important for your counselor to know about you, your current life circumstances, and/or your goals for counseling: _____

