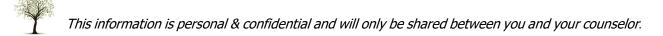


## Adult / Family History

| Name:  | Date of Birth:    |
|--|-------------------|
| What brought you to counseling at this time?         |                   |
|  |                   |
| Briefly describe your current symptoms:              |                   |
| briefly describe your current symptoms.              |                   |
|  |                   |
|  |                   |
| Have you had any recent major life changes of        | or traumas?       |
|  |                   |
|  |                   |
| What goals do you have for counseling?               |                   |
| what goals do you have for counseling?               |                   |
|  |                   |
|  |                   |
| Please list what you consider to be your stren       | ouths:            |
| ricase list what you consider to be your stren       |                   |
|  |                   |
|  |                   |
| Pleas list what you consider to be your weak         | nesses:           |
| . I can include your constituent to be your treating |                   |
|  |                   |
|  |                   |
| Have you received counseling services before         | ?                 |
|  |                   |
| If yes, when and where?                              |                   |
|  |                   |
| Why did you terminate those services?                |                   |
|  |                   |
|  |                   |
| Describe any health issues or significant injur      | ies or surgeries: |
|  |                   |
|  |                   |



| Do you have a primary care                     | doctor?                |                          |
|--|------------------------|--------------------------|
| Do you have any sleeping co                    | oncerns?               |                          |
| Do you have any eating con                     | cerns?                 |                          |
| List ALL medications:<br>Medication (and dose) | Condition              | Prescribing Doctor       |
| Alcohol and Drug use:<br>Type (name)           | Amount                 | Frequency                |
| Has anyone ever told you th                    | ug or alcohol problem? | drug or alcohol problem? |
| Have you been married mo                       | re than once? Y N      | v long?                  |
|  |                        |                          |



| Who currently lives with  | you?                   |                 |
|---------------------------|------------------------|-----------------|
| Name                      | Age                    | Relationship    |
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |
| Briefly tell me about you | ır family:             |                 |
|                           |                        |                 |
|                           |                        |                 |
| Where do you currently    | work?                  |                 |
| Are you happy there?      |                        |                 |
| What do you like about    | your job?              |                 |
| -                         |                        |                 |
| Are you currently attend  | ling school? Y/N W     | here?           |
| What are your course st   | udies?                 |                 |
| Are you happy with the    | way things are going   | g with school?  |
| Do you currently have fi  | nancial worries?       |                 |
|                           |                        |                 |
| Do you have any legal is  | sues or concerns?      |                 |
| Have you ever been in o   | r are you currently ir | n the military? |
| Please add anything you   | would like me to kn    | now:            |
| Thank you for your time   | _                      |                 |