

PERSONAL INFORMATION:

Name: _____
Birthdate: _____ Age: _____ Gender: _____ Sexual Orientation: _____
Race/Ethnicity: _____ Country of Origin: _____
Marital Status: _____ Spouse or Partner Name: _____
Address: _____
Home Phone: _____ Cell: _____
Email Address: _____
Best way to contact you: _____ Ok to leave a message? Yes No

EMERGENCY CONTACT:

Name: _____ Phone: _____
Relationship: _____
Okay to contact in case of an emergency: Yes No

REFERRAL SOURCE:

Name: _____

MEDICAL CARE PROVIDERS:

Primary Care Physician: _____ Phone: _____
Psychiatrist or ARNP: _____ Phone: _____
May I contact your providers if needed for coordination of care? _____

EDUCATION & CAREER HISTORY:

Highest degree completed? _____ Did you like school? _____
Did You have any learning disabilities? _____
Current job: _____
Employer: _____ Length of current job _____

REASON FOR THERAPY:

What brings you to therapy? _____

What do you hope to achieve in therapy? _____
What strengths do you feel you have that will support you in attaining this goal? _____

What are ways you have managed stressors or difficult situations in the past? _____

What are some things that you do to feel good about, and take care of yourself? _____

How would you describe the quality of your social relationships? _____

DEVELOPMENTAL HISTORY:

Where were you born? _____ Were there any complications related to your birth? Yes No If yes, please explain: _____

Did you have any medical problems, illnesses, or hospitalizations during your childhood? Yes No If yes, please explain: _____

Did your family move frequently? _____

Is there anything else about your childhood you think I should know? _____

FAMILY OF ORIGIN:

Mother's name: _____ Currently living? Yes No
Please describe your relationship with your Mother growing up: _____

How is your relationship currently? _____

Father's Name: _____ Currently living? Yes No
Please describe your relationship with your Father growing up: _____

How is your relationship currently? _____

Did your parents divorce when you were a child? Yes No - If yes, how old were you? _____

Who had legal custody? _____ Were you adopted Yes No
If yes, at what age; and when did you become aware of this? _____

Were you ever in foster care? Yes No

If yes, what age were you and for how long? _____

Do you have any siblings? Yes No

Name	Age	Gender	Full	Step	Half	Adopted

Which siblings were you close to growing up? _____

Which siblings are you currently close to? _____

How were emotions handled in your childhood home? _____

What messages were you given while growing up about YOU? _____

CURRENT FAMILY:

Please complete the following information for each member of your current family.

Please include information on former spouses or partners.

Name	Relationship	Age	Gender	Ethnicity	Relationship Quality

If you are currently in a relationship, how long have you been together? _____

How would you describe the quality of your relationship at this time? _____

Do you share custody of any children? If so, please describe the relationship between you and the other guardian: _____

Have you ever lost any children through: Death _____ Miscarriages _____ Abortions _____
Adoptions _____ CPS _____

Is there any other information you think I should know about your current, or past relationships? _____

MENTAL HEALTH HISTORY

Have you been diagnosed with a mental illness? _____ When _____

What was the diagnosis? _____ Do you agree with the diagnosis? _____

Have you ever been hospitalized for mental health related reasons? _____

Have you ever attempted suicide? _____ Explain: _____

Please describe any other inpatient, intensive outpatient, or partial hospitalization program in which you have participated in: _____

Is there a family history of mental illness? _____ Please describe _____

ABUSE HISTORY

Have you experienced any of the following? If yes, please state when/age, and by whom:

Physical harm:

When/age, By whom: _____

Sexual assault/inappropriate contact:

When/age, By whom: _____

Neglect:

When/age, By whom: _____

Verbal/emotional abuse:

When/age, By whom: _____

Exposure to domestic violence:

When/age, By whom: _____

Was CPS or law enforcements notified? If yes, please explain outcomes, i.e. charges, convictions, etc. _____

Please circle all that currently apply, or make a check if applied in your past

Anxiety	Legal Issues	Restricting food intake
Worry	Violent thoughts/behaviors	Binge eating
Panic attacks	Grief or loss	Purging of food
Obsessions/compulsions	Loss of Spiritual faith	Body dissatisfaction
Phobias	Anger/irritability	Sleep problem
Depression	Self-esteem	Chronic pain
Self-harm	Emotional/verbal abuse	Aging issues
Suicide thoughts/attempts	Career concerns	Sexual identity concerns

In the past 4 weeks, how would you describe the following? Please circle all that apply

MOOD

Sad Depressed Tearful Anxious Numb Angry Happy Euphoric

SLEEP

Insomnia Trouble Trouble staying Fatigued Too much sleep Can't get out of
falling asleep asleep

ENERGY

Exhausted Low Normal High Manic

ABILITY TO EXPERIENCE PLEASURE

No joy or pleasure Can enjoy some things Normal joy and pleasure

APPETITE

No appetite Less than normal Normal Greater than normal Out of control eating

OUTLOOK ON LIFE

Anxious Hopeless Not sure Hopeful Positive

MOTIVATION

None Low Normal More than usual

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SOCIAL-CONNECTEDNESS

Isolated Withdrawn Socially anxious Lonely Feels socially supported

SELF-TALK

Self-critical Angry Perfectionist Compassionate Positive No awareness of self-talk

SELF-CARE

Neglectful of own needs Minimal Normal Focused on own needs

MEDICAL HISTORY

Please describe any significant medical problems, past and present, including any hospitalizations or surgeries. Please provide dates _____

Please list all medications you are currently taking

Medication Name	Dose	Reason for Taking	Date Started

SUBSTANCE USE:

How many alcoholic drinks do you consume: Per day _____ Per week _____

How often do you use marijuana? # times: Per day _____ Per week _____

Are there other substances you use now, or have in the past? _____

Has anyone ever asked, suggested, or demanded you seek substance abuse treatment? _____

Do you have a history of DUI's? _____

Have you ever been incarcerated? _____ Explain: _____

SPIRITUAL HISTORY

Were you raised in religious faith? _____ If yes, what faith? _____

How was that experience for you? _____

Are you still involved with that faith? _____

Is spirituality/religion important to you now? _____

Do you have a faith that you currently practice? ____ If so, what faith? _____

Do you share this with your family/partner/children? _____

Is there any other information we have not covered that you feel would be helpful for me to know at this time? _____
