

Getting to know you

Name _____ D.O.B _____ Age _____

Address _____

City _____ State _____ Sex Male Female

Phone number (if applicable include both home and mobile) _____

Email Address _____

May we ... leave a voicemail? Send you a text? Email you?

Emergency Contact name (include relationship) and phone number

Employer Information Name of Employer _____

Work Phone _____

Length of time at Position (if less than a year, also list info on previous employer) _____

Relationship Status: **Married Single Widowed Divorced Cohabiting**

Are you currently on any behavioral health medication? If yes please list the medication and contact information of the provider.

Previous Therapy (List name, Length of time, Inpatient/outpatient status, Reason for care, Reason for termination of therapy)

Do you know of other family members who have been treated for a mental illness and/or substance disorder? List name relationship and the disorder relative was treated for

What brings you to therapy? How long have you been feeling this way (ex. months, days, years)? What is your anticipated outcome for treatment?

Creating . Healthy . Appropriate . Integrative . Relationships

Describe your relationship with each person with whom you currently reside (Include name, age, and relationship i.e. Spouse, children, in-laws)

Describe any significant losses and/or tragedies (from childhood to current please provide your age for each incident described)

Indicate below your overall family experience: Normal home environment Outstanding home environment Chotic home environment witnessed physical, sexual and/or emotion abuse experienced physical, sexual and/or emotional abuse

Describe your relationship with your mother? with your father?

Describe each of your siblings (if any) (List each, their age and describe the relationship from childhood to current). Also, describe your relationship with your step parents and/or any other significant childhood caretakers

Additional information (Any thing additional that you feel would be important for me to know about you)

I understand that by signing this document I am providing my consent for treatment and/or assessment

Print name

Sign name

Date