

DESCRIPTION OF PRESENTING PROBLEMS

State in your own words the nature of your main problems: _____

On the scale below, please estimate the severity of your problem(s):
___ Mildly upsetting ___ Moderately upsetting ___ Very severe ___ Extremely severe ___ Totally incapacitating

When did your problems begin? _____

What seems to worsen your problems? _____

What have you tried that has been helpful? _____

How satisfied are you with your life as a whole these days?
Not at all satisfied 1 2 3 4 5 6 7 Very satisfied

How would you rate your overall level of tension during the past month?
Relaxed 1 2 3 4 5 6 7 Tense

EXPECTATIONS REGARDING THERAPY

In a few words, what do you think therapy is all about? _____

How long do you think your therapy should last? _____

What personal qualities do you think the ideal therapist should possess? _____

GENERAL INFORMATION

Date: _____

Name: _____

Address: _____

Telephone numbers: Day _____ Evening _____

Age: _____ Occupation: _____ Sex: M F

Date of birth: _____ Place of birth: _____ Religion: _____

Height: _____ Weight: _____ Does your weight fluctuate? Yes No If yes, by how much? _____

Do you have a family physician? Yes No

Email:

Name of family physician: _____ Telephone number: _____

By whom were you referred? _____

Marital status (check one): Single Engaged Married Separated Divorced

Widowed Living with someone Remarried: How many times? _____

Do you live in: House Room Apartment Other: _____

With whom do you live? (check all that apply): Self Parents Spouse Roommate

Child(ren) Friend(s) Others (specify): _____

What sort of work are you doing now? _____

Does your present work satisfy you? Yes No

If no, please explain: _____

What kind of jobs have you held in the past? _____

Have you been in therapy before or received any professional assistance for your problems? Yes No

Have you ever been hospitalized for psychological/psychiatric problems? Yes No

If yes, when and where? _____

Have you ever attempted suicide? Yes No

Does any member of your family suffer from an "emotional" or "mental disorder"? Yes No

Has any relative attempted or committed suicide? Yes No

Name:

Date:

What are some special talents or skills you feel proud of?

What do you enjoy?

If you could have any 3 wishes, what would they be?

What kinds of hobbies or leisure time activities do you find relaxing or enjoyable?

What is a problem in your life that you overcame, and how did you do it?

Who do you feel closest to?

What are some positive feelings you have experienced recently (describe fully)

Describe situations that make you feel calm and relaxed

What is your biggest challenge?

What do you need to accept that is difficult to accept?

What or who do you need to forgive?

Who do you share loving feelings with?

Describe a time you have shown compassion for yourself or others

INITIAL THERAPY GOALS

NAME

DATE

SOCIAL SECURITY #:

PHONE NUMBER

WHAT BENEFITS WOULD YOU LIKE TO OBTAIN FROM THERAPY?

WHAT IS GETTING IN THE WAY OF EXPERIENCING THAT?

WHAT WOULD YOU LIKE TO START DOING TO HELP YOU MOVE IN THE DIRECTION OF YOUR GOAL?

HOW WOULD YOU RATHER BE FEELING?

WHAT EXPERIENCES INTERFERE WITH THAT FEELING?

WHAT ARE SOME THINGS YOU FEEL GOOD ABOUT?

WHAT IS YOUR SPIRITUAL CONNECTION TO GOD, OR A HIGHER POWER LIKE?