

3. How many times per week do you generally exercise? _____

What types of exercise to you participate in _____

4. Please list any difficulties you experience with your appetite or eating patterns:

Have you ever suffered from an eating disorder?

- No
- Yes, when? _____

5. Are you currently experiencing sadness, grief or depression?

- No
- Yes, for approximately how long? _____

6. Are you currently experiencing anxiety, panic attacks or have any phobias?

- No
- Yes, for approximately how long? _____

7. Are you currently experiencing any chronic pain?

- No
- Yes, please describe _____

8. How often do you drink alcohol? Daily Weekly Monthly Infrequently Never

Describe your alcohol use: _____

9. How often do you use recreational drugs (or other drugs not prescribed to you)?

- Daily Weekly Monthly Infrequently Never

What drugs have you used in the past 30 days? _____

10. Do you smoke cigarettes?

- No
- Yes, for approximately how long and how much? _____

11. Are you currently in a romantic relationship?

- No
- Yes, for approximately how long? _____

On a scale of 1-10, how would you rate your relationship? _____

11. Describe any significant life changes or stressful events you have experienced recently:

12. Name of Primary Care Physician or Pediatrician _____

Date of last visit _____

FAMILY MENTAL HEALTH HISTORY:

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle	List Family Member
Alcohol/Substance Abuse	yes/no	
Anxiety	yes/no	
Depression	yes/no	
Domestic Violence	yes/no	
Eating Disorders	yes/no	
Obesity	yes/no	
Obsessive Compulsive Behavior	yes/no	
Schizophrenia	yes/no	
Suicide Attempts	yes/no	

ADDITIONAL INFORMATION:

1. Are you currently employed? No Yes

If yes, describe your current employment situation: _____

Do you enjoy your work? Is there anything stressful about your current work?

2. Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief: _____

3. Have you ever been enlisted in any branch of the U.S. Military? No Yes

If yes, when and in what role: _____

If yes, did your military experiences include any traumatic or highly stressful experiences? No Yes

4. What is the most important thing that you would you like to accomplish in therapy?

EMERGENCY CONTACT INFORMATION

The following information will only be used in case of emergency.

Emergency contact person(s): _____

Relationship to you: _____

Phone number(s): _____

Address: _____