## Demographic Information

Name: ____________________________________ Preferred Pronouns:______________ Date:_____________

DOB: ____________________ Age: ________ Gender:_______________ Military service: _______________

Birthplace: _____________________________________ Race/Ethnicity: _____________________________

Growing up my family financial situation was: _____________________ Now it's: ______________________

Street Address: ______________________________________________________________________________

City: _________________________________ State: ______ Zip Code: _____________________

*Is it ok to send something in the mail? YES NO*

Phone Number(s): ____________________________________________________________________________

*Is it ok to leave a voicemail? YES NO Appointment reminder text? YES NO*

Email: ______________________________________________________________________________________

*Is it OK to send email? YES NO*

How were you introduced to us? _______________________________________________________________

If you found us online what words did you search to find us?

_____________________________________________________________________________________________

** Please complete below for additional client **

Name: ___________________________________________________ Preferred Pronouns:_________________

DOB: ____________________ Age: ________ Gender: _______________ Military service: _______________

Birthplace: _____________________________________ Race/Ethnicity: _______________________

Growing up my family financial situation was: ____________________ Now it's: _______________________

Street Address: ______________________________________________________________________________

City: _________________________________ State: ______ Zip Code: _____________________

*Is it ok to send something in the mail? YES NO*

Phone Number(s): ____________________________________________________________________________

*Is it ok to leave a voicemail? YES NO Appointment reminder text? YES NO*

Email: ______________________________________________________________________________________

*Is it OK to send email? YES NO*

## What issues brought you here?

(use back or extra paper if needed)

What are the 3 most important things you want to work on in therapy? Put them in order of importance:

1. ______________________________
2. ______________________________
3. ______________________________

What do you think those that care about you would say their concern(s) is/are in regards to you?

______________________________
______________________________
______________________________

What solutions (helpful or unhelpful) have you tried to resolve the above concerns?

______________________________
______________________________
______________________________

Have you had therapy in the past? If so, with whom and when? What reasons did you attend therapy for? Please share about your experience. Helpful? Unhelpful?

______________________________
______________________________
______________________________

Are you currently in Therapy? ______ If yes, with whom: ______________________________
Contact information: ______________________________
What services do they provide: __________________________ Will you allow consultation: YES NO

## Change is Coming…

What are your expectations from therapy? What are your expectations of the therapist?

______________________________
______________________________

Looking into the future, how will you know that our work and time together has been worth it? List concrete changes you will see:

______________________________
______________________________

What other things would you like to see change in your life (family, career, health, relationships, etc.)?

______________________________
______________________________

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Do you foresee any obstacles to achieving your goals or the desired changes?

How long do you think therapy will need to last to achieve your goals? Write down a target date or best guess:

List 5 strengths about yourself or that others say about you, give examples of each:

1. 
2. 
3. 
4. 
5. 

Is there anyone that you would like to be a part of your sessions or think may be helpful to be part of sessions either now or in the future?

## Medical & Wellness Information

What do you do for wellness (i.e. healthy food choices, exercise, limits on TV/electronics/work, managing stress, family time, leisure, etc.)? Give examples of each:

How do you achieve balance in your life?

Have you ever received psychiatric services? YES NO

If yes, how long ago, with whom, for what, medications prescribed and results:

Do you have any allergies (food, environmental, medicinal, animal, etc.)?

Do you have any current or past medical issues, hospitalizations, accidents, injuries or surgeries? If yes, what?

Is there a family history of the above medical issues/concerns?

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Are you presently under a physician's/psychiatrist's care? If so, for what reason?

______________________________________________________________________

______________________________________________________________________

Is there anyone in your life that is currently dealing with a medical issue that you are concerned about? If so, whom, for what?

______________________________________________________________________

______________________________________________________________________

Recently, have there been any changes in your life? (i.e.: moves, appetite, sleep, health, family, overall functioning)?

______________________________________________________________________

______________________________________________________________________

List any medications (over-the -counter & prescribed), nutritional or herbal supplements, or alternative treatments (acupuncture, chiropractic, etc.) you are taking/doing and the reasons:

______________________________________________________________________

______________________________________________________________________

## Important Questions We Must Ask

Have you ever had, or are you currently experiencing suicidal ideation? YES NO
If yes, please explain:

______________________________________________________________________

______________________________________________________________________

Have you ever planned to hurt yourself? YES NO
If yes, please explain:

______________________________________________________________________

______________________________________________________________________

Have you ever attempted to hurt yourself? YES NO
If yes, please explain:

______________________________________________________________________

______________________________________________________________________

Have you ever felt like you wanted to seriously hurt or harm someone else? YES NO
If yes, please explain:

______________________________________________________________________

______________________________________________________________________

Do you have weapons in your home or access to weapons? YES NO

If yes, who has access to them and what are the safety protocols around them?

Is there any history past or present of abuse or violence? YES NO

If so, please explain:

Are you currently using any illegal drugs, or prescription medications in a way other than was prescribed, or is the reason you are seeking therapy services substance related? YES NO

Have you ever witnessed or experienced a trauma? Do you have reoccurring nightmares, flashbacks, or do you avoid anything that is uncomfortable or painful? If so, please explain:

Do you have currently legal issues or is the reason you are seeking therapy related to a court order? If so, please explain?

## Career/Job, Recreation and Leisure

What is your current occupation? How would you describe your job/career satisfaction or enjoyment?

What is your highest level of education completed and field of study?

What do you enjoy doing during your free/leisure time?

## Gender Identity

How do you identify your gender? ____________________

Is this the gender identity you were assigned at birth? YES NO

How comfortable are you in your gender identity? ____________________________________________

______________________________________________________________________

## Intimate Relationships

Describe your sexual orientation: ____________________________________________

How comfortable are you with your sexual orientation?:______________________________

If you are currently in a relationship, describe your relationship:

______________________________________________________________________

______________________________________________________________________

How would you describe your communication in your relationship?

______________________________________________________________________

______________________________________________________________________

How would you describe intimacy in your relationship?

______________________________________________________________________

______________________________________________________________________

* If you are in a relationship answer the following regarding your relationship:

1. Like ____________________________________________
2. Dislike ____________________________________________
3. Not enough of ____________________________________________
4. Too much of ____________________________________________
5. Ideal relationship ____________________________________________

## Understanding Your Family & Influences

Parent's marital status: ____________________________________________

Unique parental relationship factors (adoption, deceased, raised by relatives, etc.):

______________________________________________________________________

______________________________________________________________________

How would you describe your upbringing?

______________________________________________________________________

______________________________________________________________________

Who lives with you currently?

______________________________________________________________________

______________________________________________________________________

Do you have any pets? If yes, names, types and relationship to each pet:

______________________________________________________________________

______________________________________________________________________

Describe your relationship with the following: (If father or mother is inaccurate for you, adjust as necessary)

Mother:

______________________________________________________________________

Father:

______________________________________________________________________

Mother's Significant Other:

______________________________________________________________________

Father's Significant Other:

______________________________________________________________________

Siblings: (Name, Gender and Age: Relationship)

a. Sibling 1: ______________________________________________________________

b. Sibling 2: ______________________________________________________________

c. Sibling 3: ______________________________________________________________

Children: (Name, Gender and Age: Relationship)

a. Child 1: ______________________________________________________________

b. Child 2: ______________________________________________________________

c. Child 3: ______________________________________________________________

Significant Other/Spouse (name and relevant information): ______________________

______________________________________________________________________

Is there a significant X that is a factor in your life? YES NO
Explain:______________________________________________________________

## Relationships

Describe your relationship with your friends:

___

___

Who would you say your support system is (people, organizations, or affiliations)?

___

___

Do you belong to any religious or spiritual groups? YES: ______________________ NO
If yes, what is your level of involvement?

___

How do your religious or spiritual beliefs/practices influence your life?

___

___

Do you see your faith/spirituality as an important part of your therapeutic growth/healing process? YES NO

Please list anything else that is important for me to know about you that would assist me in working with you to achieve your desired results:

___

___

___

___

___

___