

Have either you or your partner been in individual counseling before? ____Yes ____No
Is so, give a brief summary of concerns that you addressed:

What is your relationship like with your family growing up? _____

Are any of the following concerns for yourself or your partner? Please feel free to explain items you feel are important.

Alcohol/drugs (type?) _____

Pornography (type?) _____

Domestic violence (past or present) _____

Does anyone in your family have any know mental health diagnoses? ____Yes ____No
If yes, please describe who and their diagnosis: _____

Do you have any mental health diagnoses? ____ Yes ____ No
If yes, please describe: _____

Any past suicidal ideation or attempts? _____ Whom? _____
When? _____ Outcome? _____

Present suicidal ideation? ____Yes ____No If yes, please elaborate _____

Do you have a medical provider? ____Yes ____No
If yes, what is his or her name? _____

Do you have any medical issues? ____Yes ____No
If yes, please describe: _____

Please list any medications you are currently taking, or have taken during the past 6 months. (Include prescribed and over the counter medications)

Medication	Dosage	Used for	Prescribing Doctor

Has there been any verbal, emotional, physical, or sexual abuse that has happened to you?
 Yes No

If yes, was the assailant someone you knew? Yes No

When did this happen? _____

Where is this person now? _____

Have you ever had any legal issues? Yes No

If yes, please describe: _____

Do you have children? Yes No Do they presently live with you? Yes No

Ages? _____

Any other information you think is important for me to know? _____
