Are you, currently seeing a psychiatrist, therapist, or helper? Y____ N___

Have you ever been hospitalized for psychiatric concerns?

Y_____ N_____

If yes, please explain—dates, where, reason:

_____

Substance abuse / addiction history? No _____ Yes (please explain)

_____

Legal History (arrests, prison, DWI,?)

_____

Medical Information: Doctor's name and phone

_____

May we send your doctor a short note, letting him / her know you've come to see us? (we do not release details other than your name, for referral purposes) Y____ N____

Are you on any medications? Y___ N___ Please list:_____

_____

_____

How can we help? Please tell us in your own words what brings you here today_____

_____

_____

What are your 2 most important goals for therapy?

1.

_____

_____

2.

_____

_____