Family Information:

Marital Status: Single ___ Dating ___ Committed relationship ___ Engaged ___

Married ___ (how long? _____) Separated ___ (how long? _____)

Divorced ___ (how long?_____)

Spouse's Name (if applicable) _____ Age _____

Occupation _____

I would describe my **friendships** as: Close ___

Somewhat close____ Distant____ Conflicted____

I would describe my relationship with my **mother** as: Close ___

Somewhat close____ Distant____ Conflicted____ N/A ___

I would describe my relationship with my **father** as: Close ___

Somewhat close____ Distant____ Conflicted____ N/A ____

How many siblings do you have? _____ Brother _____ Sister _____

How would you describe your relationship with them?

_____

_____

Crisis Information: Are you having any current suicidal thoughts?

Y_____ N_____

If yes, explain

_____

Any current homicidal thoughts ? Y_____ N_____

If yes, explain

_____

Any suicide attempts or self harm behavior history? Y_____ N_____

If yes, describe

_____

Who referred you to us?

_____

THANK YOU for taking the time to fill out this information sheet. This will be reviewed with you during your intake session.