

**CONFIDENTIAL INFORMATION** (Please check the answers that best fit for you and fill in the appropriate blanks)  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**1. PRESENTING PROBLEM**

- a. The main problem I am seeking help for is \_\_\_\_\_
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- b. I would rate the severity of this problem as  Mild (7)  Moderate (6)  Severe (5)  Disabling (4)
- c. I have had this problem for  Several days  Several wks  Several mos  Past year  Past 2 yrs  Over 2 yrs
- d. During the past year, the *best* this problem has been was:  Not a problem  Mild  Moderate  Severe  Disabling
- e. This problem effects my  Work  Personal relationships  Marriage  Health  School work  Family relationships
- f. Symptoms I've been experiencing are (please fill in the bubble ③=Severe ②=Moderate ①=Mild (If not an issue, leave blank))

③②① Feeling depressed	③②① Crying	③②① Avoiding situations	③②① Feeling over-responsible
③②① Feeling inadequate	③②① Feeling worthless	③②① Afraid of people	③②① Distressing memories
③②① Disinterested	③②① Feel like want to die	③②① Panicky	③②① Nightmares
③②① Withdrawing	③②① Losing weight	③②① Obsessed with body	③②① Constantly on edge
③②① Feeling guilty	③②① Gaining weight	③②① Discouraged	③②① Flashbacks
③②① Angry and irritable	③②① Afraid of the future	③②① Losing control	③②① Feelings of unreality
③②① Not eating well	③②① Worrying a lot	③②① Afraid of dying	③②① Highs and lows
③②① Eating too much	③②① Feeling anxious	③②① Feeling faint	③②① Binge eating
③②① Not concentrating	③②① Not focusing	③②① Abdominal distress	③②① Afraid of situations
③②① Feeling hopeless	③②① Tired	③②① Pounding heart	Describe: _____
③②① Feeling lethargic	③②① Trembling inside	③②① Pain in my chest	③②① Afraid of objects
③②① Not sleeping well	③②① Tense	③②① Obsessing over things	Describe: _____
③②① Indecisive	③②① Jittery	③②① Compulsive actions	③②① Other _____

**2. SUBSTANCE USE**

- a. In regard to using alcohol  I drink occasionally  I drink regularly  I drink daily  I do not drink at all
- b. When I drink, the number of drinks I usually have is \_\_\_\_\_.
- c. What I like about drinking is \_\_\_\_\_
- d. I consider my drinking to be  A definite problem  A growing problem  A potential problem  Not a problem
- e. In regard to illegal drug use  I do not use any illegal drugs  I have experimented on an occasional basis in the past  
 I used for a short period of time but no longer use  I used for a long period of time but no longer use  
 I have used drugs in the past and continue to use
- f. The drugs I currently use are  Speed  Pot  Cocaine  LSD  Heroin  PCP  Sedatives  Inhalants  Other
- g. I use drugs  Daily  3 to 6 times a week  1 to 2 times a week  1 to 3 times a month
- h. What I like about using drugs is \_\_\_\_\_
- i. I consider my drug use to be  A definite problem  A growing problem  A potential problem  Not a problem

**3. PERSONAL SAFETY**

- a. As far as any suicidal thoughts are concerned  
 I have no thoughts of suicide  The thought has crossed my mind but I would never do it.  
 The thought has crossed my mind, and I have thought of ways of doing it but I would not do it.  
 I have had some serious thoughts of suicide and I am afraid I could follow through with them.
- b. As far as any thoughts of harming anyone  
 I have not had any recent thoughts of harming anyone  
 I have had recent thoughts of harming someone but I would not act on them  
 I have had some recent thoughts of harming someone and I am afraid I could carry them out

**4. MY MARRIAGE/PRIMARY RELATIONSHIP**

- a. I have been married/in this relationship for \_\_\_\_\_ years
- b. I have known my partner for \_\_\_\_\_ years
- c. My commitment to this marriage/relationship is  100%  Questionable  I am having serious thoughts about leaving
- d. My major dissatisfactions in my marriage/relationship are:  Our sexual relationship  Our communication  
 Our finances  Our parenting  My in-laws  Our mutual interests  Our mutual goals  Other \_\_\_\_\_
- e. Major feelings I have with my partner are:  Anger  Resentment  Regret  Sadness  Fear  Betrayal  
 Abandonment  Guilt  Rejection  Unimportance  Hurt  Jealousy  Disappointment  Abuse  
 Distance  Warm  Loving  Respect  Other \_\_\_\_\_

**MY WORK**

- a. My current work is \_\_\_\_\_ . I have been at my present job for \_\_\_\_\_ years
- b. In regard to my work I am  Pleased  Mostly satisfied  Mixed  Mostly Dissatisfied  Unhappy
- c. My major dissatisfactions with my work are:  The job itself  My career  My coworkers  My boss  My income  Other \_\_\_\_\_

**5. MY FAMILY OF ORIGIN**

- a. My father is  Alive; I live with him  Alive; lives nearby  Alive; lives far away  Died when I was \_\_\_\_\_ years old
- b. In general, I would describe my father as  Argumentative  Physically abusive  Sexually abusive  Critical  Absent  Emotionally distant  Supportive and nurturing  Caring  Other \_\_\_\_\_
- c. Major feelings I have with my father are  Anger  Resentment  Regret  Sadness  Fear  Betrayal  Abandonment  Guilt  Rejection  Unimportance  Hurt  Jealousy  Disappointment  Abuse  Distance  Warm  Loving  Respect  Other \_\_\_\_\_
- d. My mother is  Alive; I live with her  Alive; lives nearby  Alive; lives far away  Died when I was \_\_\_\_\_ years old
- e. In general, I would describe my mother as  Argumentative  Physically abusive  Sexually abusive  Critical  Absent  Emotionally distant  Supportive and nurturing  Caring  Other \_\_\_\_\_
- f. Major feelings I have with my mother are  Anger  Resentment  Regret  Sadness  Fear  Betrayal  Abandonment  Guilt  Rejection  Unimportance  Hurt  Jealousy  Disappointment  Abuse  Distance  Warm  Loving  Respect  Other \_\_\_\_\_

**6. PREVIOUS THERAPY**

- a. I have  Never seen a therapist before  Been in therapy with (#) \_\_\_\_\_ different counselors, the last time was \_\_\_\_\_
- b. The last time I saw a therapist my experience was  Positive  Neutral, received limited benefit  Negative
- c. I was in therapy for  A problem similar to the one I have now  A different problem \_\_\_\_\_
- d. I have been hospitalized for psychiatric or substance abuse problems  Never  Yes, (#) \_\_\_\_\_ times Year(s) \_\_\_\_\_
- e. Medications I am now taking are \_\_\_\_\_ by Dr. \_\_\_\_\_  Not taking any

**7. HEALTH**

- a. In the past I have received major medical treatment for \_\_\_\_\_  Have not had major medical problems
- b. Currently I am being treated for \_\_\_\_\_  Nothing in particular
- c. Physical symptoms I am having but not being treated for are \_\_\_\_\_  Do not have any physical symptoms
- d. The number of cigarettes I smoke per day are \_\_\_\_\_  Do not smoke
- e. In the past year I have exercised  Regularly  Occasionally  Rarely  Never
- f. I consider myself to be  In excellent health  In good health  In fair health  In poor health
- g. I consider my diet to be  Very healthy  Questionably healthy  Not very healthy  Often changing

**8. SOCIAL**

- a. In regard to my social network I have  Virtually no close friends  One close friend  A few friends  Many friends
- b. I mostly make contact with my friends  Rarely  Spontaneously  On special occasion  At parties  At organized activities  To discuss personal problems  To make small talk  Other: \_\_\_\_\_
- c. In general, my friends  Influence me positively  Influence me negatively  Don't have a big influence on me
- d. What I most like to do for fun or recreation is \_\_\_\_\_

**9. FOR PARENTS**

- a. The number of children I have is \_\_\_\_\_. Their ages and gender are \_\_\_\_\_
- b. In regard to parenting, my partner and I  Are pretty agreeable  Seem to disagree  I am a single parent
- c. My general approach to parenting is to  Punish misbehavior  Reward good behavior  Teach good behavior  Try to listen  Give responsibility  Be a model  Involve myself  Other \_\_\_\_\_
- d. Major feelings I have with my children are  Anger  Guilt  Regret  Disappointment  Distance  Warm  Loving

**10. SELF ASSESSMENT**

- a. My problems would seem to clear up  If others would change  If I would change  If I understood myself better  If I could express myself better  If I could let go of the past  If I could get rid of certain emotions  If I could make a decision  If I could change my thinking  If I had some direct answers

**12. GOALS FOR THERAPY**

- a. Three results I am looking for in therapy are: \_\_\_\_\_