

Place of Employment _____ Work Phone _____

Permission to contact you at work? Yes _____ No _____ Social Security # _____

School _____ Grade _____ Current Grades _____

Extracurricular Activities _____

Have you been expelled from school? Yes _____ No _____ If yes, how many times? _____

Do you skip classes? Yes _____ No _____ If yes, how often? _____

Have grades increased or decreased recently and why? _____

Family Doctor _____ Gynecologist _____

Medications you are taking currently _____

Any history of psychiatric illness in your family? If yes, please explain _____

Have you or anyone in your family been in counseling before? If so, who and for what reason?

What brings you to counseling now? _____

Who are the people in your life that mean the most to you? _____

What is important to you? _____

If you have a problem, who are you most likely to share it with? _____

Who are the people that you enjoy spending time with? _____

What are your interests/hobbies? _____

What are your plans for the future? _____

What is the accomplishment of which you are most proud? _____

Do you use alcohol? Yes ___ No ___ If yes, please indicate what you drink, how long you have been drinking, and how often you drink? _____

Do you use any drugs? Yes ___ No ___ If yes, please indicate what you use, how long you have been using, and how often you use? _____

Are you sexually active? Yes ___ No ___ If yes, for how long? _____ How many partners? _____

Have you ever experienced sexual difficulties? Yes ___ No ___ If yes, please explain _____

Describe your relationship with your parents:

Past

Present

Mother _____

Father _____

Step-Mother _____

Step-Father _____

List your siblings, step-siblings and their ages and briefly describe your relationship with them

Name

Age

Relationship

Name	Age	Relationship

Do you like being with your family? Yes___ No___ Please tell us the reasons to why you like or dislike being in your family: _____

Is there a history of drug or alcohol abuse in your family? Yes ___ No ___ If yes, please describe:

Is there history of sexual abuse in your family? Yes ___ No ___ If yes, Please describe _____

Is there history of physical, emotional, or verbal abuse in your family? Yes ___ No ___ If yes, please describe: _____

Additional comments or concerns _____
