



**Children/Family:**

Please list your children (including step, foster, adopted, or deceased) below:

Name	Gender	Age/Year of death	Relationship to you (e.g. bio, adopted, step)	Living with whom?

Please list your mother, father, brothers, sisters, step-family relations, or any other family member who had a significant effect (positive or negative) upon your life below:

Name	Age or year of death	Relationship to you (e.g., mother, father, sibling, step-relation)	Give 1-2 words to describe this person

**Medical Information:**

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

List any conditions, illnesses, surgeries, hospitalizations, or traumas that you have had:

\_\_\_\_\_

\_\_\_\_\_

List all current medications that you are taking, including those you seldom use:

- Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Improves     Prevents     Purpose of Medication: \_\_\_\_\_
- Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Improves     Prevents     Purpose of Medication: \_\_\_\_\_



Please describe why you are coming to counseling (i.e. issues, problems, personal growth):

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What do you hope to gain or change by coming to counseling?

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Why have you decided to come to counseling now?

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How would you describe yourself?

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Please briefly describe your spiritual/religious views:

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Do you regularly attend a church, synagogue, or other religious institution?  Yes  No

If yes, where do you attend? \_\_\_\_\_

\*Note: See "Professional Disclosure Statement" and "Notice of Private Practices" for a list of policies agreed upon and signatures.