

**Assessment**

The following questions will help provide an understanding of your general history, current life, concerns, and strengths. This will allow us to be more prepared for effective therapy. Please answer the questions to the best of your ability. Some questions will illicit complicated answers. You may briefly answer here then we can talk more in depth about them in person.

Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Date: \_\_\_\_\_

**Please briefly explain what brings you to therapy:**

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How long has this been going on?

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To what degree does it affect your ability to function on a daily basis?

1 2 3 4 5 6 7 8 9 10  
Hardly Intensely Severely

Please explain:

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How have you tried to manage the problem(s)? What type of things have you done to make it better (e.g., therapy, medications, respite, drugs/alcohol, friend or family support, mediation, etc)?

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Are there any current family/relationship/ environmental/personal **stressors** that could be affecting you? (changes, moves, conflicts, losses)

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Have you ever had thoughts of wanting to hurt yourself or end your life?

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Have you ever seen a therapist or been in treatment before? Yes No  
If yes, what were the goals or focus of your treatment at the time:

Please provide details (e.g., where, when, approximate length of time, outcome)

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Do you currently have any health concerns or issues?

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Do you currently have a prescribing physician? Yes No

Date of last appointment or contact with your doctor: \_\_\_\_\_

Date of your next appointment: \_\_\_\_\_

Do you see any other healthcare providers?

Chiropractor    Naturopathic    Doctor    Acupuncture  
Bio-feedback    Massage    Other \_\_\_\_\_

Please list any prescription medications, over the counter medications, and supplements you are currently taking (include name, dosage, and frequency):

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### Personal Information

Relationship Status: Single    Partnered    Married    Divorced    Separated    Other: \_\_\_\_\_

Please describe your current living situation:

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Who makes up your current immediate family? (biological and/or chosen):

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Do you have a spiritual or religious practice?

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What culture do you most identify with?

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Educational background:

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What types of jobs have you held as an adult?

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Do you feel satisfied with work? Yes No \_\_\_\_\_

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**Family and Developmental History:**

Are you aware of anything significant occurring during your mother's pregnancy or delivery? Yes No

If yes, please explain:

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Who made up your family of origin? (parents, caregivers, siblings, close extended family). Please list and rate the quality of the relationship: 1 poor to 5 great

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Was there someone you felt particularly close to?

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What was the emotional environment like where you grew up?

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Has anyone in your family history had symptoms similar to yours or had other difficulties (psychological, emotional, substance abuse)? Please indicate who and what:

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Did you experience any significant injuries, illnesses, hospitalizations or medical problems as a child? If yes, please provide details regarding age, duration, and any short and long-term consequences of the issue.

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Are there any particularly traumatic or troubling events which have happened in your life that would help me understand you better? (for example: losses, abuse, significant changes, frightening events)

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Describe your family in one or two (or more) words: \_\_\_\_\_

### **Lifestyle**

How much alcohol do you drink per day or week? \_\_\_\_\_

Cigarettes? \_\_\_\_\_

Do you use any other type of recreational drugs or substances? Yes No

If yes, what type and how often?

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What kind of exercise do you get? How frequent?

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Do you have any problems sleeping?

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How is your appetite? Have you gained or lost weight recently?

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Please list a few of your strengths and interests.

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How do you like to spend your free time?

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**Therapy GOALS:** Please summarize what you would like to see change as a result of coming to therapy at this time.

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Thank you. And feel free to make any other comments, questions or to express further concerns here or on the back.