

Past Psychiatric History:

Please list previous counselor /psychiatrist

Place _____ Length: _____ 1-2 _____ Several _____ Year(s)

Medical Information

How would you describe your current health? ___Excellent ___Good ___Fair ___Poor

Please list any medications you are currently taking _____

Has it been more than a year since your last physical or blood tests? _____ yes _____ no

List any previous health problems briefly: _____

Have you ever abused substances? (Including alcohol, caffeine, tobacco, drugs) _____

Please describe your usage of any of the following over the past year: Alcohol _____

Caffeine _____ Tobacco _____ Drugs (Rx or other) _____

Nutrition/Sleep Patterns

Have your eating habits change recently? _____ yes _____ no If yes, how? _____

Has your weight fluctuated more than +/- 10 lbs. over the past year? _____ yes _____ no

Do you ever self-induce vomiting? _____ yes _____ no Binge eat/eat out of control? _____

Have your sleep patterns change recently? _____ yes _____ no If yes, how? _____

Legal History

Have you ever been convicted of a felony? _____ yes _____ no Of other charges? _____

If yes, please describe _____

Support System

Please circle all whom you consider to be there for you for support (i.e. whom you would actually talk with about personal problems)

Parent Sibling Other relative Good friend Church leader Pastor Doctor

Neighbor Bible study member Stephen minister Teacher Boss/work associate

Work/Adjustment History

How have you been in your current occupation? _____

Have you had difficulty with employment currently or in recent past? ___yes ___no

Current Living Arrangement

With whom do you live? _____

Is this a satisfactory living arrangement? _____yes _____no If no, explain

Miscellaneous: Is there anything else you believe to be important for us to know about you that would help this counseling experience be effective?
