
 NAME

 DATE OF BIRTH

 GENDER

 ADDRESS

 MARITAL STATUS

 CITY

 ZIP CODE

 EMERGENCY CONTACT PERSON

 TELEPHONE HOME

 CELL

 TELEPHONE NUMBER

FAMILY HISTORY

Describe your relationship during childhood with:

Mother:
Siblings:

 NAME

 AGE

Father:
Children:

 NAME

 AGE

RELATIONSHIPS

Current or past marriages or significant partners:

 NAME

 MARRIED

 COHABITING

 LENGTH OF RELATIONSHIP

 NAME

 MARRIED

 COHABITING

 LENGTH OF RELATIONSHIP

 NAME

 MARRIED

 COHABITING

 LENGTH OF RELATIONSHIP

 Are you **currently** experiencing any of the following?

 Domestic Violence

 Emotional Abuse

 Sexual Abuse

 Threats

EMPLOYMENT

JOB TITLE

Are you satisfied with your position? Yes No

Are you experiencing financial problems? Yes No

EDUCATION

Are you currently in school? Yes No

Do you plan to return? Yes No

Last grade completed? _____

LEGAL

Do you have any past or present legal issues? Yes No

If yes, please explain

Have you ever been arrested? Yes No

If yes, please explain

SOCIAL HISTORY

Describe your social network:

How do you spend your free time?

Hobbies:

DEVELOPMENTAL

During your childhood and/or adolescence, did you experience any of the following?

Serious accidents or injuries
Hospitalizations
Sleep problems
Eating problems

School problems
Feeling self-conscious
Vision problems
Physical Abuse

Hearing problems
Sexual Abuse
Speech problems
Mental/Emotional Abuse

Hyperactivity
Suicidal thoughts/Attempts

Do you have any past or present concerns related to sexual orientation? Yes No

RELIGIOUS/SPIRITUAL BACKGROUND

Do you have any religious or spiritual conflicts or concerns? Yes No

Do you practice a certain faith or belief?

If yes, please explain

