

Name _____

Date _____

Why are you seeking help? (describe giving specific examples) _____

Goal

decrease depression decrease anxiety improve relationship	decrease anger increase confidence decrease obsessing about unfaithful partner
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Have you been in counseling? _____ If so, when _____ with whom _____

Have you ever been hospitalized in a psychiatric hosp? _____ When _____ where _____

Have you been sexually abused? _____

If "Yes" then How old were you? _____ By whom? _____

<p>father's age age at death</p> <p>Has your biological father had a history of (check all that apply)</p> <p>alcoholism drugs physically abusing sexual abuse property destruction depression mood swing verbally abusive psychiatric hospital My father's greatest ability</p> <p>greatest weakness</p>	<p>mother's age age at death</p> <p>Has your biological mother had a history of (check all that apply)</p> <p>alcoholism drugs physically abusing sexual abuse property destruction depression mood swing verbally abusive psychiatric hospital My mother's greatest ability</p> <p>greatest weakness</p>
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<p>Number of brothers</p> <p>Number of sisters</p> <p>Family member you are closest to</p> <p>What jobs have you had since high school?</p>	<p>Write name of school if attended</p> <p>GED</p> <p>high school</p> <p>jr.college</p> <p>university</p> <p>tech school</p>
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How many intimate relationships that lasted more than 10 months before your current one?
 In how many relationships were you physically _____ or sexually _____ abused?

As a child before 18 years old; which of the following describes your experience?

fearful of dark being judged by others nightmares	physically abused moody tantrums	parent's screaming father hit mom mom hit dad
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happy with self family friends school father mother	unhappy with self family friends school father mother	angry at friends school father mother	School failure average good excellent poor focus in elementary junior high senior high	School (cont) athletic expelled suspended arrested lonely shy popular teased
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Current Symptoms (within the past 3 months)

Write number 1, 2, 3, or 4 :

- 0: Never
- 1: 1-11 times per year
- 2: 1-3 times per month
- 3: 1-3 times per week
- 4: 1-6 times per day

poor concentration	alcohol use	nightmares
hard to complete task	recreation drug	food binging
crying	cigarettes	losing weight
hopeless, overwhelmed	worrying, anxious	unfaithful
suicidal thoughts	panic attack	work stress
thoughts of killing	hostile, resentful	communication problems
obsessing	destroying property	grieving a loss
jealous	sleeping problems	child management
suspicious	exploited by others	bored
shy	stealing, shoplifting	dislike appearance
heart racing	financially worried	can't make decisions
rapid breathing	lack of fulfillment	feeling like a failure
sweaty hands	lonely	exercise, active