

Medical

How would you describe your general health?

_____ Poor _____ Fair _____ Good _____ Great _____ Athletic

Do you identify as having a physical disability? Please explain.

Have you ever lost consciousness or had a head injury? Please explain.

Do you suffer from chronic pain? Please explain.

Illness, Injury, Surgery			
<i>List your medical history in chronological order, starting with your current or most recent illness/injury/surgery. Please include (but do not limit) head injuries, loss of consciousness, vehicle accidents, terminated pregnancies, cesarean, cancer, tumors, pneumonia, plastic surgery, etcetera. Please use the back of the page as needed.</i>			
Illness/Injury/Surgery Type	Dates	Duration	Treatment

Medication			
<i>List your current medication, including over the counter supplements, vitamins, herbs, etcetera. Please use the back of the page as needed.</i>			
Medication Name	Dosage & Frequency	How long have you taken this medication?	Reason for Medication

Do you see a healthcare provider (PCP, acupuncture, massage therapist, naturopath) on a regular basis? Please explain.

Do you have any family that has experienced serious illness or injury?

Substance Use

What are your drinking habits like? How much do you drink in an average week? _____

Have you or anyone around you ever said that you drink too much or that it is creating a problem for you? No Yes, explain: _____

Do you smoke or ingest marijuana? Frequency and amount? _____

Do you do any other drugs on a regular basis? _____

Have you experimented with any drugs? _____

Substance Use History			
Substance Name	Frequency & Dosage	Approx. Dates	Notes

Education

Are you currently in school? NO YES – School: _____

Student Status? Full-time Part-time Cont. Education Other _____

If you are not currently in school, would you like to attend school? Or have plans to attend?

How would you describe your satisfaction level with your current job? _____

Job History			
<i>List your job history in chronological order, starting with your current or most recent job- Use the back of this page in necessary.</i>			
Dates of Employment	Company & Job Title	Hours per Week	Notes (Disciplinary action, Commendation, Harassment, Discrimination, etc.)

If you are or have been in the MILITARY, please complete this section.
What branch of the military did you serve? _____
What was the duration of time you were in the military? _____
What is your discharge status? _____
Where you in combat? Explain. _____

Family of Origin			
Family Member Name	Relationship (Parent, Older Sibling)	Years of Birth- Death	Reason for Death

Who did you reside with as a child? _____

Where you adopted or separated from your birth parents during your childhood? At what age? _____

Where your parents divorced? No Yes, what age were you? _____

Mother's occupation(s)/highest level of education: _____

Father's occupation(s)/highest level of education: _____

Did religion or spirituality play an important role in your family growing up? No Yes

Has race, ethnicity, or culture played an important role in your life? No Yes

Trauma/Abuse

Have you experienced physical, emotional, or sexual trauma or abuse? No Yes
If yes, this is something we can talk more about in person.

Did you have multiple exposure to trauma and/or abuse? No Yes

Have you ever been a target of violence? No Yes

Have you ever been violent to a human or animal? No Yes

Current Life Events

Have you experienced a loss (e.g. death, relationship, home, job, etc.) in the last five years?
 No Yes, please Explain. _____

Has there been a large transition in your life within the last two year? (e.g. move in residence, starting new school/job, change in identity, etcetera). No Yes, please explain. _____

Legal Information

What have you been charged with? _____

Have you ever been cited for a traffic violation? If so, what were they and when? _____

Do you have a history of prior arrests? Please explain. _____

Have you ever been to prison? Please explain. _____

Are there any other pending or future legal proceedings you are involved in?

No Yes, please explain.

Additional Information

Is there anything you would like to tell me or is there any information you think is important for me to know before starting the assessment process? Please use the back of this page if needed.