

Name: _____

Contact Information:

Mailing Address

Email address _____

Telephone number _____

1. Marital Status (if married or in a committed relationship, what is the quality of the relationship?)

2. Names, ages, and living arrangement of children (e.g. if they are adults but live with you, if you are divorced and they live with their other parent, etc.) & your living arrangement.

3. Work: Where do you work and what do you do? Presently employed/unemployed?

4. History: Do you take any medication and if so for what? Has any medication ever been prescribed for you for a psychiatric condition? Have you ever been hospitalized and if so for what?

5. Treatment history: Have you had psychotherapy? How do you think it has helped? What do you think still needs work? Where, if at all, do you feel most stuck in your life now?

6. What do you hope to get out of this workshop?

7. Please list a person's name, relationship to you and contact information as an emergency contact.

8. Anything else you think should be mentioned? Feel free to use the back of this sheet.