

MENTAL HEALTH

Have you ever taken medication for a mental health or emotional problem? Yes No

If yes, please specify which medication and what was your response? _____

Have you ever been in therapy or other mental health or drug/alcohol treatment? Yes No

If yes, please list your treatment providers and facilities and approximate dates:

Provider	Dates	Provider	Dates

Current average alcohol consumption _____ drinks per _____

Recreational drug use: _____

Do you or anyone you know think that you have a problem with alcohol or drugs? _____

Are you currently in recovery from any kind of addiction? Yes No

Have you ever experienced:

- Physical abuse Rape/sexual assault Emotional abuse
- Sexual abuse Domestic violence Other significant trauma

SOCIAL HISTORY

Marital status _____ Children? _____

Who lives with you? _____

Employment status _____

What kind of work do you/have you done? _____

Educational History _____

Any history of legal problems? _____

What do you do for fun or relaxation? _____

Are there cultural/ethnic/sexual orientation or religious issues that you would like me to be aware of?

Client Signature _____ Date _____

Clinician Signature _____ Date _____