



Degrees earned or worked toward: \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Have you had prior treatment or counseling before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of counselor / therapist: \_\_\_\_\_

Name of psychiatrist, if any: \_\_\_\_\_

Are you presently on any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

Who is your primary care physician? \_\_\_\_\_

When is the last time you had a physical examination? \_\_\_\_\_

How many times have you been hospitalized? \_\_\_\_\_ If yes, for what? \_\_\_\_\_

Are you currently being treated for any illnesses? \_\_\_\_\_

Do you have (had you had) any injuries? \_\_\_\_\_

If you are married, have you been married previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are divorced, briefly, what is the custody arrangement of your divorce(s)?

<i>Divorce #1</i>	<i>Divorce #2</i>
<i>Name of Other Parent of Your Children</i> _____	<i>Name of Other Parent of Your Children</i> _____
<i>Children</i> _____ _____ _____	<i>Children</i> _____ _____ _____
<i>Schedule</i> _____ _____ _____	<i>Schedule</i> _____ _____ _____

### Clinical Information: Self-Assessment

Place a check (√) by all which apply. Put two checks (√√) for more serious problems and three checks (√√√) for the ones you consider really severe:

- \_\_\_\_\_ depression
- \_\_\_\_\_ alcohol abuse
- \_\_\_\_\_ nightmares
- \_\_\_\_\_ feeling down, blue
- \_\_\_\_\_ money problems
- \_\_\_\_\_ worried about my spouse
- \_\_\_\_\_ drug abuse
- \_\_\_\_\_ medical problems
- \_\_\_\_\_ thoughts of suicide
- \_\_\_\_\_ haunted by my past
- \_\_\_\_\_ anger
- \_\_\_\_\_ seeing things
- \_\_\_\_\_ highly irritated
- \_\_\_\_\_ chemical dependency
- \_\_\_\_\_ overeating
- \_\_\_\_\_ inability to concentrate
- \_\_\_\_\_ cravings
- \_\_\_\_\_ homosexuality
- \_\_\_\_\_ sluggishness
- \_\_\_\_\_ feeling misunderstood
- \_\_\_\_\_ people are trying to frame me
- \_\_\_\_\_ problems at work
- \_\_\_\_\_ pregnancy
- \_\_\_\_\_ attention deficits
- \_\_\_\_\_ problems with intimacy
- \_\_\_\_\_ female problems
- \_\_\_\_\_ homicidal thoughts
- \_\_\_\_\_ unemployment
- \_\_\_\_\_ N.S.F. checks
- \_\_\_\_\_ obesity
- \_\_\_\_\_ migraine headaches
- \_\_\_\_\_ respiratory problems
- \_\_\_\_\_ compulsive behaviors
- \_\_\_\_\_ cyber sex
- \_\_\_\_\_ HIV
- \_\_\_\_\_ afraid of getting old
- \_\_\_\_\_ afraid I may be gay
- \_\_\_\_\_ partner's immaturity
- \_\_\_\_\_ bipolar disorder
- \_\_\_\_\_ keeping secrets
- \_\_\_\_\_ parenting
- \_\_\_\_\_ OTHER: \_\_\_\_\_

- \_\_\_\_\_ anxiety
- \_\_\_\_\_ marital problems
- \_\_\_\_\_ work or school performance
- \_\_\_\_\_ agitation
- \_\_\_\_\_ legal problems
- \_\_\_\_\_ mood swings
- \_\_\_\_\_ difficulty making friends
- \_\_\_\_\_ worried about my child
- \_\_\_\_\_ worried about the future
- \_\_\_\_\_ stress
- \_\_\_\_\_ demons
- \_\_\_\_\_ masturbation
- \_\_\_\_\_ panic attacks
- \_\_\_\_\_ gambling
- \_\_\_\_\_ anorexia or bulimia
- \_\_\_\_\_ short attention span
- \_\_\_\_\_ incest
- \_\_\_\_\_ obsessive thoughts
- \_\_\_\_\_ deviant fantasies
- \_\_\_\_\_ problems relaxing
- \_\_\_\_\_ my partner is an addict
- \_\_\_\_\_ problems at school
- \_\_\_\_\_ sexual addiction
- \_\_\_\_\_ low frustration-tolerance
- \_\_\_\_\_ sexual dysfunction
- \_\_\_\_\_ violence
- \_\_\_\_\_ feeling unloved
- \_\_\_\_\_ arguments with the ones I love
- \_\_\_\_\_ vomiting
- \_\_\_\_\_ chronic pain
- \_\_\_\_\_ being overweight
- \_\_\_\_\_ manic-depression
- \_\_\_\_\_ urges to steal
- \_\_\_\_\_ sexually transmitted diseases
- \_\_\_\_\_ perfectionism
- \_\_\_\_\_ death of a loved one
- \_\_\_\_\_ living with a control freak
- \_\_\_\_\_ family problems
- \_\_\_\_\_ no one to talk to
- \_\_\_\_\_ people are out to get me
- \_\_\_\_\_ a loved one is terminally ill
- \_\_\_\_\_ OTHER: \_\_\_\_\_

## Clinical Information: **Your Assessment of your Partner**

Place a check (√) by all which apply. Put two checks (√√) for more serious problems and three checks (√√√) for the ones you consider really severe:

depression  
 alcohol abuse  
 nightmares  
 feeling down, blue  
 money problems  
 worried about my spouse  
 drug abuse  
 medical problems  
 thoughts of suicide  
 haunted by my past  
 anger  
 seeing things  
 highly irritated  
 chemical dependency  
 overeating  
 inability to concentrate  
 cravings  
 homosexuality  
 sluggishness  
 feeling misunderstood  
 people are trying to frame me  
 problems at work  
 pregnancy  
 attention deficits  
 problems with intimacy  
 female problems  
 homicidal thoughts  
 unemployment  
 N.S.F. checks  
 obesity  
 migraine headaches  
 respiratory problems  
 compulsive behaviors  
 cyber sex  
 HIV  
 afraid of getting old  
 afraid I may be gay  
 partner's immaturity  
 bipolar disorder  
 keeping secrets  
 parenting  
 OTHER: \_\_\_\_\_

anxiety  
 marital problems  
 work or school performance  
 agitation  
 legal problems  
 mood swings  
 difficulty making friends  
 worried about my child  
 worried about the future  
 stress  
 demons  
 masturbation  
 panic attacks  
 gambling  
 anorexia or bulimia  
 short attention span  
 incest  
 obsessive thoughts  
 deviant fantasies  
 problems relaxing  
 my partner is an addict  
 problems at school  
 sexual addiction  
 low frustration-tolerance  
 sexual dysfunction  
 violence  
 feeling unloved  
 arguments with the ones I love  
 vomiting  
 chronic pain  
 being overweight  
 manic-depression  
 urges to steal  
 sexually transmitted diseases  
 perfectionism  
 death of a loved one  
 living with a control freak  
 family problems  
 no one to talk to  
 people are out to get me  
 a loved one is terminally ill  
 OTHER: \_\_\_\_\_

What is your chief complaint or reason for seeking therapy at this time?

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What would you like to change about your partner if you could?

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What do you think your partner would like to change about you, if that were possible?

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Some aspects of your current relationship that you find satisfactory are the following:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

Some aspects of your current relationship that you find unsatisfactory are the following:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Something else that just has to be mentioned.....

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