

Client Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Date: \_\_\_\_\_

What brings you to therapy?

How long have these concerns been going on?

What do you hope will change through our work together?

Is there any history that is important to acknowledge that will help us understand and support our work together?

Are there any identities that are important to you and our potential work together (cultural background, sexual orientation, religion, etc)?

Have you ever received any mental health services in the past?

No\_\_ Yes\_\_, previous therapist (please also list when you saw this provider and how long you worked together):

Are you currently taking or have a history taking any psychiatric medication(s)? If so, please describe:

Please describe your current physical health and list any specific health problems you are currently experiencing?

How many times per week do you generally exercise?

What types of exercise do you engage in?

What does your support system look like right now? Please also describe how satisfied you are with your support system:

Please describe the amount and quality of sleep you get:

Please describe your diet and if there are any notable changes in your eating/appetite:

Are you (or anyone around you) concerned about alcohol or substance use?

If you drink (or use other substances), please describe frequency and amount of use:

Are you (or anyone around you) concerned about your use of technology (social media, gaming, internet use, etc.)? If so, please describe:

Do you have a history of trauma?