

Education:

(Please circle highest grade attained): 4 5 6 7 8 9 10 11
12

(Secondary education)

Other formal education/degree(s) if applicable: _____

How did you do in school (e.g., average student)? _____

Did you like school? _____

Did you have many friends? _____

Participation in sports or other activities (please list)? _____

Describe the major problem(s) you would like help: _____

When and how did this problem develop? What were the pressures or stressors in your life at the time that this problem developed? _____

Why are you seeking help at this time? _____

Have you had any previous treatment for this problem? If so, please describe. _____

Please list current medications: (Please include the type, dosage, and the amount that you actually take per day or week). Please include nonprescription medications (e.g., aspirin, allergy medication, etc.)

Background Information

Family of Origin:

How would you describe your parents while growing up? (If one or both of your parents are deceased please indicate the cause and year of his/her death):

Number of Siblings: _____

Please describe your relationship with your siblings: _____

Current Family Situation:

Please list any current family stressors you are experiencing: _____

How would you describe your partner or your relationship with your partner:

Previous marriages/common-law relationships/significant relationships (If applicable):

How would you describe your ex-partner(s) or the ending with your ex-partner(s):

Please list any current or previous health problems (including surgeries, hospital stays, back pain, etc.) that continue to cause you pain. _____

Please list any work stressor(s) you are experiencing:

Health Habits:

How would you describe the number of friends or social supports you have?

What do you like to do in your spare time (e.g., go to movies, walks, go to gym, etc.)

Do you smoke: Y / N (if yes) Number of packages per day: _____

Please list the number of cups of coffee/tea/soft drink you consume during an average day:

Coffee _____ Tea _____ Soft Drink _____

How much alcohol do you consume during an average week? (e.g., # of beers, ounces of hard liquor):

How much alcohol do you consume during an average week-end?

Elicit Drugs (please specify): _____

Thank you for taking the time to complete this information form