

BASIC INFORMATION ABOUT THE PROBLEM

DATE: _____

PERSONAL INFORMATION

NAME: _____ PHONE #: _____ FAX #: _____

ADDRESS: _____

OCCUPATION: _____ BUSINESS PHONE #: _____

GENDER: _____ BIRTHDATE: _____ AGE: _____ EMAIL ADDRESS: _____

MARITAL STATUS:

Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐

EDUCATION: Last Grade Completed (Prior to college) _____ Other Education (List type and years) _____

RECOMMENDED BY: _____

NAME OF SPOUSE: _____ OCCUPATION: _____

SPOUSE'S ADDRESS (If different from yours): _____

THE BASIC PROBLEM AS YOU UNDERSTAND IT:

Briefly complete the following (please use the back if necessary):

1. PLEASE DESCRIBE THE CURRENT PROBLEM.

2. WHAT HAVE YOU DONE ABOUT IT?

3. WHAT HELP ARE YOU SEEKING?

4. WHAT LED YOU TO SEEK HELP NOW?

DETAILED INFORMATION RELATED TO THE PROBLEM

INFORMATION ABOUT PRIOR COUNSELING

HAVE YOU HAD ANY COUNSELING BEFORE? Yes ☐ No ☐

COUNSELOR NAME(S)	DATES From To	MEDICATION PRESCRIBED	OUTCOME

INFORMATION ABOUT PERSONAL HABITS AND HEALTH

APPROXIMATELY HOW MANY HOURS OF SLEEP DO YOU GET EACH NIGHT? _____

WHEN DO YOU NORMALLY: go to bed? _____ fall asleep? _____ wake up? _____ get out of bed? _____

IF THERE IS A LENGTH OF TIME BETWEEN YOUR GOING TO BED AND FALLING ASLEEP, WHAT DO YOU DO DURING THAT TIME? _____

IF THERE IS A LENGTH OF TIME BETWEEN YOUR WAKING UP AND GETTING OUT OF BED, WHAT DO YOU DO DURING THAT TIME? _____

DESCRIBE ANY RECENT CHANGES IN SLEEP HABITS: _____

STATE OF HEALTH: Very Good ☐ Good ☐ Average ☐ Declining ☐ Other ☐

DATE OF LAST MEDICAL EXAMINATION: _____ RESULTS: _____

ARE YOU PRESENTLY TAKING MEDICATION? Yes ☐ No ☐ WHAT? _____ DOSAGE? _____

FOR WHAT REASON DO YOU TAKE THIS MEDICATION? _____

HAVE YOU USED DRUGS FOR OTHER THAN MEDICAL PURPOSES? Yes ☐ No ☐ WHEN? _____

WHAT? _____ AMOUNTS/DOSAGES? _____

DO YOU DRINK ALCOHOLIC BEVERAGES? Yes ☐ No ☐ WHEN? _____ HOW MUCH? _____

MARRIAGE AND FAMILY INFORMATION:

NAME OF SPOUSE: _____ ADDRESS: _____

PHONE #: _____ OCCUPATION: _____ BUSINESS PHONE #: _____

YOUR SPOUSE'S AGE: _____ EDUCATION (In years): _____ RELIGION: _____

IS SPOUSE WILLING TO COME WITH YOU? Yes ☐ No ☐ Have not asked yet ☐ Not certain ☐

ARE YOU CURRENTLY SEPARATED? Yes ☐ No ☐ Since when? _____

HAVE YOU EVER BEEN SEPARATED IN THE CURRENT MARRIAGE?
Yes ☐ No ☐ No. of times _____

HAS EITHER OF YOU EVER FILED FOR DIVORCE? Yes ☐ No ☐ When? _____ Who? _____

DATE OF MARRIAGE: _____ YOUR AGES WHEN MARRIED: Husband _____ Wife _____

HOW LONG DID YOU KNOW YOUR SPOUSE BEFORE MARRIAGE? _____

LENGTH OF STEADY DATING WITH SPOUSE: _____ LENGTH OF ENGAGEMENT: _____

HAVE YOU BEEN MARRIED BEFORE? Yes ☐ No ☐

IF YES, HOW MANY TIMES? Husband _____ Wife _____

IF YOU WERE MARRIED BEFORE, HOW DID THE MARRIAGE(S) END? _____

CHILDREN'S NAMES	AGES	GENDER	LIVING?		EDUCATION IN YEARS	MARITAL STATUS	*PM
			Yes	No			

*CHECK THIS COLUMN IF CHILD IS BY PREVIOUS MARRIAGE

IF YOU WERE REARED BY ANYONE OTHER THAN YOUR OWN PARENTS, BRIEFLY EXPLAIN: _____

NO. OF OLDER Brothers _____ Sisters _____ NO. OF YOUNGER Brothers _____ Sisters _____