

A NEW DAWN PSYCHOTHERAPY

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell # \_\_\_\_\_  
Email address: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Referral Phone # \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Partnered  
Employer: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
Occupation: \_\_\_\_\_ Work Phone # \_\_\_\_\_

What brings you to therapy? \_\_\_\_\_

What do you hope to accomplish in therapy? \_\_\_\_\_

List your most concerning emotional issues: \_\_\_\_\_

List any health problems or concerns you now have:

Problem: \_\_\_\_\_ How long: \_\_\_\_\_ Under Dr.'s care? \_\_\_\_\_ Name of Dr.: \_\_\_\_\_

Please list any current medications you are taking:

Medication: \_\_\_\_\_ Reason taking: \_\_\_\_\_ How long on this medication? \_\_\_\_\_

Please describe any family history of mood disorders or mental illness:

Who: \_\_\_\_\_ Disorder/Illness: \_\_\_\_\_ Present Status: \_\_\_\_\_

Do you have trouble with your appetite? \_\_\_\_\_

Please explain \_\_\_\_\_

How many hours of sleep do you typically get per night? \_\_\_\_\_

Have you recently gained or lost a significant amount of weight (average 20 lbs. in 6 months)? \_\_\_\_\_  
Please explain \_\_\_\_\_

Personal History:

Did you grow up with your biological parents? \_\_\_\_\_ Were you adopted? \_\_\_\_\_ At what age? \_\_\_\_\_  
Did you spend time in foster care? \_\_\_\_\_ At what age? \_\_\_\_\_ For how long? \_\_\_\_\_  
Did you experience any physical, emotional, verbal or sexual abuse? \_\_\_\_\_

Have you experienced any trauma? \_\_\_\_\_  
If yes, please briefly describe what and when it occurred:

Do you believe you have a problem with alcohol or drugs? \_\_\_\_\_  
If yes, please briefly describe: \_\_\_\_\_  
Have you ever been arrested for DUI? \_\_\_\_\_ If yes, when? \_\_\_\_\_  
How often and how much alcohol/drugs do you typically drink/use in a week? \_\_\_\_\_  
What drugs do you take? \_\_\_\_\_  
Do you think you have a problem with other behaviors such as gambling, shopping, over eating,  
pornography, sex addiction, video games or other compulsive behaviors? \_\_\_\_\_

Client Signature: \_\_\_\_\_

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