

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: _____