About You Form

In this form you'll share a bit about yourself and your background. It'll be a good foundation for me to get to know you. We will review this form during your first couple sessions. You can always expand on your answers.

Please fill in the information below and bring it with you to your first session.
Please note: *information provided on this form is protected as confidential information.*

Personal Information

Name: ____ Date: _____________________
Parent/Legal Guardian (if under 18): ____
Address: ____
Home Phone: _________________________________ Messages okay? Y / N | Texting okay? Y / N
Cell/Work/Other Phone: ________________________ Messages okay? Y / N | Texting okay? Y / N
Email: ______________________________________
**Please note: Email correspondence is not considered to be a confidential medium of communication.*
DOB: _________ Age: _______ Gender: _______________ Sexual Orientation: _________________
Marital Status: □ Never Married □ Domestic Partnership □ Married □ Separated □ Divorced □ Widowed
Do you have any children? If so, how many and ages: ____
Referred By (if any): ____

Coaching/Counseling History

Have you previously received any type of coaching, counseling, or mental health services (psychotherapy, psychiatric services, etc.)? □ No □ Yes
If yes, was it beneficial and if so how?:____

Are you currently taking any prescription medication? □ Yes □ No
If yes, please list:
____
____

Have you ever been prescribed psychiatric medication? □ Yes □ No
If yes, please list and provide dates:
____
____

General Health and Mental Health Information

How would you rate your current physical health? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing: ______________________________
____

How would you rate your current sleeping habits? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very good
Please list any specific sleep problems you are currently experiencing:

____
____

How many times per week do you generally exercise? ______________________________
What types of exercise do you participate in? ____________________________________
Please list any difficulties you experience with your appetite or eating problems: ______________
____

Are you currently experiencing overwhelming sadness, grief or depression? □ No □ Yes
If yes, for approximately how long?____

Are you currently experiencing anxiety, panic attacks or have any phobias? □ No □ Yes
If yes, when did you begin experiencing this? _____________________________________

Are you currently experiencing any chronic pain? □ No □ Yes
If yes, please describe: ____

Do you drink alcohol more than once a week? □ No □ Yes
If yes, please describe: ____

How often do you engage in recreational drug use? □ No □ Yes
□ Daily □ Weekly □ Monthly □ Infrequently

Are you currently in a romantic relationship? □ No □ Yes
If yes, for how long? ____

On a scale of 1-10 (with 1 being poor and 10 being exceptional), how would you rate your relationship?
____

What significant life changes or stressful events have you experienced recently? _______________
____
____

Cultural & Family History

What race and ethnicity do you identify with? _______________________________________

What was your experience growing up in your family, and in what ways has this impacted your view of family and parenting today? ____
____
____
____
____

Have you ever been treated poorly because of your ethnicity, race or beliefs? If so, in what ways?
____
____
____
____

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

	(please choose)	(list family member)
Alcohol/Substance Abuse	□ No □ Yes	______________
Anxiety	□ No □ Yes	______________
Depression	□ No □ Yes	______________
Domestic Violence	□ No □ Yes	______________
Eating Disorders	□ No □ Yes	______________
Obesity	□ No □ Yes	______________
Obsessive Compulsive Behavior	□ No □ Yes	______________
Schizophrenia	□ No □ Yes	______________
Suicide Attempts	□ No □ Yes	______________

Career History

Are you currently employed? □ No □ Yes
If yes, for how long and what is your current job?

____

If no, what was the most recent job you had and for how long?

____

What did you do prior to your current or more recent job?

____

Do you enjoy your work? Is there anything stressful about your current work? ______________

____

____

Additional Information

Do you consider yourself to be spiritual or religious? □ No □ Yes

If yes, describe your faith or belief: ______________________________

____

What do you consider to be some of your strengths? ______________________________

____

____

____

What do you consider to be some of your weaknesses? ______________________________

____

____

____

What would you like to accomplish out of your sessions with me? What is your goal?

____

____

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