

Medical History

- 26) Name and address of your primary physician:
Physician's name: _____
Address: _____
- 27) List any major illnesses and/or operations you have had: _____

- 28) List any physical concerns you are having at present: (e.g., high blood pressure, headaches, dizziness, etc.): _____

- 29) List any other physical concerns you have experienced in the past: _____

- 30) When was your most recent complete physical exam?: _____
Results of physical exam: _____

- 31) On average how many hours of sleep do you get daily?: _____
- 32) Do you have trouble falling asleep at night?: No Yes If Yes, describe _____

- 33) Have you gained/lost over ten pounds in the past year?: Yes No, gained lost
If Yes, was the gain/loss on purpose?: Yes No
- 34) Describe your appetite (during the past week):
_____ poor appetite _____ average appetite _____ large appetite
- 35) What medications (and dosages) are you taking at present, and for what purpose?:
Medication Purpose

Religious Concerns

- 36) What is your present religious affiliation?:
 1) Catholic
 2) Jewish
 3) Protestant (specify denomination if any) _____
 4) None, but I believe in God
 5) Atheist or agnostic
 6) Other (please specify) _____
- 37) How important is religious commitment to you?:

Unimportant			Average			Extremely
			importance			important
1	2	3	4	5	6	7
- 38) Do you desire to have your religious beliefs and values incorporated into the counseling process?:
 Yes No Not sure (If Yes, please explain) _____

Family History

- 39) Mother's age: _____ If deceased, how old were you when she died?: _____
- 40) Father's age: _____ If deceased, how old were you when he died?: _____
- 41) If your parents are separated or divorced, how old were you then?: _____
- 42) Number of brother(s) _____ Their ages _____
- 43) Number of sister(s) _____ Their ages _____
- 44) I was child number _____ in a family of _____ children.
- 45) Were you adopted or raised with parents other than your natural parents?: Yes ___ No ___
- 46) Briefly describe your relationship with your brothers and/or sisters: _____

47) Which of the following best describes the family in which you grew up?:

WARM AND ACCEPTING	AVERAGE	HOSTILE AND FIGHTING
1	5	9
2	6	
3	7	
4	8	

48) Which of the following best describes the way in which your family raised you?:

ALLOWED ME TO BE VERY INDEPENDENT	AVERAGE	ATTEMPTED TO CONTROL ME
1	5	9
2	6	
3	7	
4	8	

YOUR MOTHER (or mother substitute)

- 49) Briefly describe your mother: _____

- 50) How did she discipline you?: _____

- 51) How did she reward you?: _____

- 52) How much time did she spend with you when you were a child?: _____
_____ much _____ average _____ little
- 53) Your mother's occupation when you were a child: _____
_____ stayed home _____ worked outside part-time _____ worked outside full-time
- 54) How did you get along with your mother when you were a child?:
_____ poorly _____ average _____ well
- 55) How do you get along with your mother now?:
_____ poorly _____ average _____ well

56) Did your mother have any problems (e.g., alcoholism, violence, etc.) that may have affected your childhood development?: Yes _____ No _____
(If Yes, please describe) _____

57) Is there anything unusual about your relationship with your mother?:
Yes _____ No _____ (If Yes, please describe) _____

58) Describe overall how your mother treated the following people as you were growing up:
(Circle one answer for each)

YOUR MOTHER'S TREATMENT OF:	Poor			Average			Excellent	
1) YOU	1	2	3	4	5	6	7	
2) YOUR FAMILY	1	2	3	4	5	6	7	
3) YOUR FATHER	1	2	3	4	5	6	7	

YOUR FATHER (or father substitute)

59) Briefly describe your father: _____

60) How did he discipline you?: _____

61) How did he reward you?: _____

62) How much time did he spend with you when you were a child?:
_____ much _____ average _____ little

63) Your father's occupation when you were a child: _____
_____ stayed home _____ worked outside part-time _____ worked outside full-time

64) How did you get along with your father when you were a child?: _____
_____ poorly _____ average _____ well

65) How do you get along with your father now?:
_____ poorly _____ average _____ well

66) Did your father have any problems (e.g. alcoholism, violence, etc.) that may have affected your childhood development?: Yes _____ No _____
(If Yes, please describe) _____

67) Is there anything unusual about your relationship with your father?: No _____ Yes _____
(If Yes, please describe) _____

68) Describe overall how your father treated the following people as you were growing up:
(Circle one answer for each)

YOUR FATHER'S TREATMENT OF:	Poor			Average			Excellent	
1) YOU	1	2	3	4	5	6	7	
2) YOUR FAMILY	1	2	3	4	5	6	7	
3) YOUR MOTHER	1	2	3	4	5	6	7	

71) List your five greatest strengths:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

72) List your five greatest weaknesses:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

73) List your main social difficulties: _____

74) List your main love and sex difficulties: _____

75) List your main difficulties at school or work: _____

76) List your main difficulties at home: _____

77) List your behaviors that you would like to change: _____

78) Additional information you believe would be helpful: _____

