

Name \_\_\_\_\_ Date \_\_\_\_\_

**Please answer the following questions. Feel free to use additional paper. If there are some you don't feel comfortable answering, leave them blank and circle them.**

What was the highest grade level you achieved? (For example, you completed high school, or you completed 2 years of college, etc.) \_\_\_\_\_

Have you attended any specialized educational institutions? (For example, a culinary institute, acupuncture college, etc.) \_\_\_\_\_

What companies have you worked for and what type of work did you do at each?

Have you had any medical problems? Did you receive treatment for them, such as medications, hospitalization, etc.? Please list the different problems you've had and what treatment you've had for each, starting from childhood.

Age	Problem	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When was the last time you had a complete physical exam? What was the outcome? When was the last time you saw a physician for any reason? What was the outcome?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name of your physician? \_\_\_\_\_

Have you ever had any psychological problems before? Please describe what problems you have had in the past and at what age. Also please describe any treatment, if any, you had for these problems - including counseling, medication, hospitalization etc. and for how long you were treated.

Age	Problem	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had suicidal thoughts in the past 2 months? Yes \_\_\_ No \_\_\_

Have you considered suicide as an option in the past 2 months? Yes \_\_\_ No \_\_\_  
Do you have a suicide plan? \_\_\_ If "yes," what is it? \_\_\_\_\_

Have you ever attempted suicide? Yes \_\_\_ No \_\_\_ How many times? \_\_\_\_\_  
When and how? \_\_\_\_\_

Has anyone in your family ever attempted or succeeded at suicide? Yes \_\_\_ No \_\_\_  
Who? \_\_\_\_\_

Have you ever had any legal issues (criminal or civil)? If so, please explain what the issue was and when you had it. (For example, DUII, divorce, identity theft, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any friends or family with whom you discuss your deepest problems?  
Yes \_\_\_ No \_\_\_ Who? \_\_\_\_\_

How many friends or family members do you have with whom you talk on a regular basis:  
Daily (or nearly daily) \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ ?

If you drink alcohol, how often do you drink two drinks in one day (where one drink means one oz. of hard liquor, one six oz. glass of wine, or one twelve oz. bottle of beer)? \_\_\_\_\_  
three drinks in one day? \_\_\_\_\_ four drinks in one day? \_\_\_\_\_ more than  
four drinks in one day? \_\_\_\_\_

Please use the space provided to write a short history of your birth family and your present family. Include examples of major positive or negative events: