

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?

Would you consider yourself in good health? Yes ____ No ____

Have you had any medical problems? Yes ____ No ____

Did you receive treatment for them, such as medications, hospitalization, etc.? Yes ____ No ____

Please circle any of the following that you have ever had:

Thyroid problems Head injury Stomach problems anemia sleep apnea sugar dysregulation

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? Date _____

What was the outcome? _____

When was the last time you saw a physician for any reason? Date _____

What was the outcome? _____

What is the name of your physician? _____

(over)

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)? Yes ___ No ___

Do you have a drivers license? Yes ___ No ___

Please circle any of the following that you have or ever have had:

drivers license problems identity theft divorce DUII arrests bankruptcy court appearance

Please explain any legal issues you have had and when you had it. _____

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? _____.

Was there ever a time you had a different drinking pattern? Yes ___ No ___

When, and did you drink more or less?

Please turn the page

Do you have any **family** with whom you discuss your deepest problems?

Yes ___ No ___ Who? _____

How many **family** members do you have with whom you talk on a regular basis:

Daily (or nearly daily) _____ Weekly _____ Monthly _____ ?

Do you have any **friends** with whom you discuss your deepest problems?

Yes ___ No ___ Who? _____

How many **friends** do you have with whom you talk on a regular basis:

Daily (or nearly daily) _____ Weekly _____ Monthly _____ ?

Please describe a brief history of your relationships with people outside your family. For example, have you ever had a best friend, during what ages, and how have you gotten along with people in general and at work?

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: