



Have you been in therapy before? If so, when? (Please complete and sign Authorization Form)

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How was the experience? \_\_\_\_\_

What brings you to therapy now? How long has this been a concern? \_\_\_\_\_

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Please circle all present symptoms/concerns that apply:

Adjustment problems

Aggressive behavior

Angry outbursts

Alcohol/drug abuse

Anxiety

Marital problems

Work problems

Financial problems

Parent/child problems

Sexual dysfunction

Weight/Food issues

Suicidal thoughts

Chronic pain

Moodiness

Depression

Insomnia

Grief

Interpersonal problems

Are you on any medication? If yes, what kind? For what? Who prescribes this for you? (Please complete and sign Authorization Form)

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In case of emergency, who should be notified? What is their phone number and relationship to you?

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How did you hear about my services? \_\_\_\_\_

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(Signature)

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(Date)