IMPORTANT INFORMATION

What prompted you to seek therapy now?

_____
_____
_____
_____

How have you been coping with the problem?

_____
_____
_____

Do you drink **alcoholic beverages**? Type/frequency/amount? _____
Do you ever drink to deal with stress? _____
Do you ever use **medications or drugs** to deal with stress? Which ones?

_____
Have you ever been diagnosed with alcohol or drug addiction?_____
Have you ever been in treatment for an addiction? If so, when and where? _____

Have you ever been diagnosed with an **eating disorder**? If so, when and did you have treatment?

_____
Have you ever experienced **physical, sexual, or emotional abuse and/or neglect**?

_____
_____
Do you ever have thoughts of **harming yourself or ending your life**?

_____
_____

SLEEP: How many **hours of sleep** do you usually get a night? _____ Hours
How would you describe your night's sleep?
____Restful ____difficult to get to sleep ____wake at night and can't get back to sleep
How frequently do you experience difficulty with your sleep? _____

PHYSICAL ACTIVITY:
Do you exercise on a regular basis? If yes, please describe in terms of type, frequency and duration of exercise.

_____

SPIRITUAL HEALTH: Do you have a spiritual or religious practice or belief that is personally meaningful to you? _____

On a scale of one to ten (1-10), how much would you say you are currently experiencing?

Stress?

     1   2   3   4   5   6   7   8   9   10

    No worries   Moderate   Extremely stressed

To what do you most attribute the source of your stress?_____

Work?

     1   2   3   4   5   6   7   8   9   10

Not at all   moderate   to a great extent

Family/Relationship Problems?

     1   2   3   4   5   6   7   8   9   10

Not at all   moderate   to a great extent

Health Problems?

     1   2   3   4   5   6   7   8   9   10

Not at all   moderate   to a great extent

Other sources of stress or explain any of the above. _____

_____

Please check below any of the symptoms of stress that you feel are applicable to you.

Physical Symptoms

☐ Headaches   ☐ Back pain

☐ Indigestion   ☐ Tight neck, shoulders

☐ Stomach aches   ☐ Racing Heart

☐ Sweaty palms   ☐ Restlessness

☐ Sleep difficulties   ☐ Tiredness

☐ Dizziness   ☐ Ringing in ears

Behavioral Symptoms

☐ Excess smoking   ☐ Grinding of teeth at night

☐ Bossiness   ☐ Overuse of alcohol/meds/drugs

☐ Compulsive gum chewing   ☐ Compulsive eating

☐ Attitude critical of others   ☐ Inability to get things done

Emotional Symptoms

☐ Crying   ☐ Feeling suicidal

☐ Nervousness, anxiety   ☐ Anger

☐ Boredom – no meaning to things   ☐ Loneliness

☐ Edginess – ready to explode   ☐ Unhappiness for no reason

☐ Feeling powerless to change things   ☐ Easily upset

Cognitive Symptoms

☐ Trouble thinking clearly   ☐ Inability to make decisions

☐ Forgetfulness   ☐ Intrusive thoughts

☐ Lack of creativity   ☐ Constant worry

☐ Memory loss   ☐ Loss of sense of humor