

Vision for the Work:

3. Our work together may be brief or extended, depending on your needs and goals. You may feel that you know now exactly what you want from our work together, and it is also possible that our work together will help to clarify or shift these goals. Please use the space below to write briefly about what your goals, needs, and hopes are for yourself at this juncture in time as we embark on this work together.

Issues affecting the Work:

4. Do you have any medical condition that I should be aware of? _____ Yes _____ No

If yes, please describe in the space below:

5. Have you ever been hospitalized for mental health reasons? _____ Yes _____ No

If yes, please describe in the space below:

6. Have you had past or current thoughts or actions of harm to self or others? _____ Yes

_____ No If yes, please describe in the space below.

7. Have you experienced past or current physical, sexual, emotional, or mental abuse or trauma?
 ___ Yes ___ No If Yes, please describe below what you feel able to write at this time.

8. Please list all of your current Health Care Providers:

Name	Phone	Address	Type of treatment	Frequency of visits

9. Please list all your current medications or nutritional supplements (if any)

Medication or Supplement Name	Dosage and Frequency (e.g., 50 mg 2x/day)	Purpose and Side effects (if any)

10. Please name and briefly describe the important people and relationships in your life at this time:

11. Please note below anything that seems important regarding your experience and relationship in your family of origin:

12. Have you struggled with addiction or compulsion of any kind? _____ Yes _____ No If yes, please describe below—include whether or not you received treatment, and your current relationship to this issue: