

Have you ever had any serious illnesses? Seizures? Head injuries? If so, please list:

Do you have any current specific health concerns? Chronic pain? If so, please list:

Do you take any medications (prescription/psychiatric) at this time? If so, please list medications and doctor prescribing:

How would you rate your current physical health on a scale of 1-10? _____

Do you suffer from sleep problems? Please describe: _____

Do you have any problems with eating or appetite? Please describe: _____

How much do you exercise per week? _____

Are you currently experiencing overwhelming depression or grief? If yes, for how long?

Are you currently experiencing anxiety, panic attacks, or phobias? If yes, for how long?

Have you ever struggled with substance abuse issues? If yes, when?

Have you ever struggled with issues related to sexual orientation, gender identity, or gender dysphoria? _____

What significant life changes or stressful events have you experienced recently?

Family mental health history: Please list any family members that struggle with the following issues and their relationship to you (maternal aunt, paternal grandmother, etc).

	Please circle	Family member
Depression	yes/no	
Anxiety	yes/no	
Bipolar Disorder	yes/no	
Schizophrenia	yes/no	
Eating Disorder	yes/no	
Substance abuse	yes/no	
Domestic violence	yes/no	
Self-injurious behavior	yes/no	
Suicide attempt	yes/no	

Are you currently employed? _____ Occupation: _____

Do you enjoy your work? _____

Is there anything stressful about your work? _____

With which cultural or ethnic group(s), if any, do you identify?

Describe any issues/challenges you are experiencing related to cultural or ethnic issues:

Do you affiliate with any spiritual/religious group? _____

Please share any thoughts or information regarding your spiritual/religious beliefs that you feel it is important that I understand: _____

How long have you and your partner been together/married?

Has there ever been any history of violence in your relationship?

Describe your current living situation (composition of household, children/stepchildren, how many, ages/genders)_____

What do you consider to be the strengths in your relationship? _____

What do you consider to be areas for continued growth in your relationship?

What brings you to couples counseling at this time? Particular events? Please be as specific as possible.

What would you like to accomplish in your time in couples therapy?

**Please note that I do not see partners alone for couples therapy sessions. Do you agree to come in together?
