



Name _____ Date _____

1. Please describe the problem(s) / issue(s) you would like help with in counseling:

2. Please describe your marital status: married single divorce widowed

If married, spouse name and DOB: _____

3. List any children and their ages _____

4. Please describe your work status. _____

5. The substances I am currently using include:

(ie, alcohol, marijuana, cocaine, crack, methamphetamine, opiates, PCP, mushrooms, etc).

Frequency/amount _____

6. I have a history of using the following substances:

7. Currently, I am taking these medications:

8. Physical abuse? Yes No Sexual abuse? Yes No

9. Please comment on any additional stressor(s) not mentioned.
