

# **FAMILY HISTORY FORM**

Patient Name:		
Date of Birth:		

**INSTRUCTIONS:** Your doctor/therapist would like you to answer the following questions. This will help him or her to better understand your situation.

# **PSYCHOLOGICAL HISTORY**

1.	What problem(s) caused you to come for treatment at Comprehensive Counseling?							
	When did the problem begin?							
	Has the problem been constant since its beginning?	□ Yes	□ No					
	What is the worst symptom you've had?							
	Is the problem ever absent? ☐ Yes ☐ No If so, when?							
	Who made the decision to come to therapy?							
2.	Have there been any recent illnesses or deaths among your family or close friends	? □ Yes	□ No					
3.	Have there been any recent major losses among your family or close friends?	□ Yes	□ No					
4.	Have there been any recent crises or major changes in your life?	□ Yes	□ No					
5.	Have you ever experienced any emotional, physical or sexual abuse?	□ Yes	□ No					
6.	Have you ever intentionally hurt yourself or made a suicide attempt?	□ Yes	□ No					
7.	Have you ever taken medication for anxiety, depression, sleep or other							
	emotional conditions?	□ Yes	□ No					
8.	Have you ever been in counseling before?	□ Yes	□ No					
	If so, for what issues?							
	When and where did you receive counseling?							
9.	Have you had any hospitalizations for emotional problems?	□ Yes	□ No					
10.	Please name any people or organizations that you believe provide help and support for you							
	MEDICAL HISTORY							
1.	List any current medical conditions or disabilities:							
2.	Are you taking any medications?	□ Yes	□ No					
	List current medications & dose:							
3.	List any past medical conditions (include any surgeries):							
4.	Name of your primary care physician: Phone	e:						
	Address of primary care physician:							
5.	Have you had a medical exam within the past year?	□ Yes	□ No					



## **SYMPTOM CHECKLIST**

The following is a list of symptoms that have to do with various psychological problems. Please circle the number from zero to four that best describes how much this symptom or feeling bothers you. Use the following scale:

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = Extremely

In the past week, how much were you bothered by:

1. Feeling depressed, sad, blue, down, unhappy most of the time 0 1 2 3 4 4 2. Feeling depressed, sad, blue, down, unhappy most of the time 0 1 2 3 4 4 4. Feeling in contracts in things or avoiding enjoyable activities, family, or friends 0 1 2 3 4 4 5. Feeling ired all the time even with adequate sleep 0 1 2 3 4 5. Trouble concentrating; can't stay (focused on activities 0 1 2 3 4 5 5. Trouble concentrating; can't stay (focused on activities 0 1 2 3 4 5 5. Trouble concentrating; can't stay (focused on activities 0 1 2 3 4 6 6 7 5 6 Feeling lonely even when you are with people 0 1 2 3 4 6 7 7 Feeling hopetess about the future 0 1 2 3 4 7 7 Feeling hopetess about the future 0 1 2 3 4 7 7 Feeling hopetess about the future 0 1 2 3 4 7 7 Feeling hopetess about the future 0 1 2 3 4 7 7 Feeling problems: can't fall asleep, restless sleep, sleeping too much 0 1 2 3 4 7 7 7 7 7 8 7 8 7 9 7 9 7 9 7 9 7 9 7 9			Not at All	М	oderately	E	xtremely
3. Feeling no interest in things or avoiding enjoyable activities, family, or friends 4. Feeling lired all the time even with adequate sleep 9. 0 1 2 3 4 6. Feeling lonely even when you are with people 9. 0 1 2 3 4 7. Feeling lonely even when you are with people 9. 0 1 2 3 4 8. Significant increase or decrease in appetite or weight 9. Sleeping problems: can't fall asleep, restless sleep, sleeping too much 10. Thoughts of suicide: thinking "I wish I were dead," "life isn't worth living anymore" 11. Suicide attempt: Intent or action to hurt or kill self with pills, weapons, cuts, etc. 12. Racing thoughts, rapid speech, little or no need for sleep, impulsive traveling and/or spending money 13. Doing things without thinking and often getting yourself into a jam 14. Feeling so restless you could not sit still 15. Feeling things visitout thinking and often getting yourself into a jam 16. Feeling anxious: worrying excessively or worry about many things 17. Spells of terror or panic 18. Feeling the see or keyed up 19. Feeling anxious: worrying excessively or worry about many things 19. Feeling ansious: worrying excessively or worry about many things 10. 1 2 3 4 10. Feeling ansious: worrying excessively or worry about many things 10. 1 2 3 4 10. Feeling anxious: worrying excessively or worry about many things 10. 1 2 3 4 10. Feeling anxious: worrying excessively or worry about many things 10. 1 2 3 4 10. Feeling inferior to panic 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others	1.	Feeling depressed, sad, blue, down, unhappy most of the time	0	1	2	3	4
4. Feeling tired all the time even with adequate sleep  7. Frouble concentrating; can't stay focused on activities  8. Feeling lonely even when you are with people  8. Significant increase or decrease in appetite or weight  8. Significant increase or decrease in appetite or weight  9. Sleeping problems: can't fall asleep, restless sleep, sleeping too much  10. Thoughts of suicide: thinking "I wish I were dead," "life isn't worth living anymore"  11. Suicide attempt: Intent or action to hurt or kill self with pills, weapons, cuts, etc.  12. Racing thoughts, rapid speech, little or no need for sleep, impulsive traveling and/or spending money  13. Doing things without thinking and often getting yourself into a jam  14. Feeling so restless you could not sit still  15. Feeling anxious: worrying excessively or worry about many things  16. Feeling tense or keyed up  17. Spells of terror or panic  18. Fearful feelings of being humiliated in social situations  19. Feeling uneasy in crowds or in open spaces  19. Feeling afraid to travel on buses, subways, trains, or planes  19. Feeling inferior to others  10. Teeling afraid to travel on buses, subways, trains, or planes  10. Teeling inferior to others  10	2.	Feeling easily annoyed or irritated	0	1	2	3	4
5. Trouble concentrating, can't stay focused on activities 6. Feeling lonely even when you are with people 7. Feeling honely even when you are with people 9. 0 1 2 3 4 8. Significant increase or decrease in appetite or weight 9. Sleeping problems: can't fall asleep, restless sleep, sleeping too much 10. Thoughts of suicide: thinking "I wish I were dead," "life isn't worth living anymore" 11. Suicide attempt: Intent or action to hurt or kill self with pills, weapons, cuts, etc. 12. Racing thoughts, rapid speech, little or no need for sleep, impulsive traveling and/or spending money 13. Doing things without thinking and often getting yourself into a jam 14. Feeling anxious: worrying excessively or worry about many things 15. Feeling anxious: worrying excessively or worry about many things 16. Feeling anxious: worrying excessively or worry about many things 17. Spells of terror or panic 18. Fearful feelings of being humiliated in social situations 19. Feeling uneasy in crowds or in open spaces 10. 1 2 3 4 19. Feeling arraid to travel on buses, subways, trains, or planes 10. 1 2 3 4 19. Feeling afraid to travel on buses, subways, trains, or planes 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 19. Feeling inferior to others 10. 1 2 3 4 10. Temper outbursts that you could not control 10. 1 2 3 4 10. Temper outbursts that you could not control 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Feeling inferior to others 10. 1 2 3 4 10. Temper outbursts that you could not control 10. 1 2 3 4 10. Temper outbursts that you could not control 10. 1 2 3 4 10. Feeling inferior to others	3.	Feeling no interest in things or avoiding enjoyable activities, family, or friends	0	1	2	3	4
6. Feeling lonely even when you are with people 0 1 2 3 4 7. Feeling hopeless about the future 0 1 2 3 4 8. Significant increase or decrease in appetite or weight 0 1 2 3 4 9. Sleeping problems: can't fall asleep, restless sleep, sleeping too much 0 1 2 3 4 10. Thoughts of suicide: thinking "I wish I were dead," "life isn't worth living anymore" 0 1 2 3 4 11. Suicide attempt: Intent or action to hurt or kill self with pills, weapons, cuts, etc. 0 1 2 3 4 11. Suicide attempt: Intent or action to hurt or kill self with pills, weapons, cuts, etc. 0 1 2 3 4 12. Racing thoughts, rapid speech, little or no need for sleep, impulsive traveling and/or spending money 13. Doing things without thinking and often getting yourself into a jam 0 1 2 3 4 14. Feeling so restless you could not sit still 0 1 2 3 4 15. Feeling sor settless you could not sit still 0 1 2 3 4 16. Feeling tense or keyed up 0 1 2 3 4 17. Spells of terror or panic 0 1 2 3 4 18. Fearful feelings of being humiliated in social situations 0 1 2 3 4 18. Fearful feelings of being humiliated in social situations 0 1 2 3 4 19. Feeling uneasy in crowds or in open spaces 0 1 2 3 4 19. Feeling inferior to others 0 1 2 3 4 20. Feeling inferior to others 0 1 2 3 4 21. Feeling inferior to others 0 1 2 3 4 22. Having to avoid certain things, places or activities because they frighten you 0 1 2 3 4 23. Sudden re-experiencing of feelings, thoughts, images of a traumatic event 0 1 2 3 4 24. Temper outbursts that you could not control 0 1 2 3 4 25. Feeling inferior to others 0 1 2 3 4 26. Recurrent thoughts, impulses, or images that are intrusive and troubling 0 1 2 3 4 27. Excessive repeating of an activity that you couldn't resist even though it sometimes 0 1 2 3 4 28. Feeling or that most people cannot be trusted 0 1 2 3 4 29. Seeing or hearing things outside yourself that others tell you are not really there 0 1 2 3 4 29. Seeing or hearing things outside yourself that others tell you are not really there 0 1 2 3 4 29. Seeing or hearing things outside yourself that othe	4.	Feeling tired all the time even with adequate sleep	0	1	2	3	4
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18. Fearful feelings of being humiliated in social situations  19. Feeling uneasy in crowds or in open spaces  20. Feeling afraid to travel on buses, subways, trains, or planes  21. Feeling inferior to others  22. Having to avoid certain things, places or activities because they frighten you  23. Sudden re-experiencing of feelings, thoughts, images of a traumatic event  24. Temper outbursts that you could not control  25. Feeling "nothing" or numb, as if blocked as in taking a pain killer  26. Recurrent thoughts, impulses, or images that are intrusive and troubling  27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  29. Seeing or hearing things outside yourself that others tell you are not really there  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  35. Having urges to break or smash things or injure someone  36. On the self-individual self-individ	16.	Feeling tense or keyed up	0	1	2	3	4
19. Feeling uneasy in crowds or in open spaces 20. Feeling afraid to travel on buses, subways, trains, or planes 21. Feeling inferior to others 22. Having to avoid certain things, places or activities because they frighten you 23. Sudden re-experiencing of feelings, thoughts, images of a traumatic event 24. Temper outbursts that you could not control 25. Feeling "nothing" or numb, as if blocked as in taking a pain killer 26. Recurrent thoughts, impulses, or images that are intrusive and troubling 27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc) 28. Feeling that you are watched or talked about by others 29. Seeing or hearing things outside yourself that others tell you are not really there 30. The idea that someone else can control your thoughts 31. Feeling that most people cannot be trusted 32. Persistent fears about health problems despite doctors finding nothing wrong 33. Episodes of binge eating, purging/vomiting, or periods of not eating 34. Feeling others are to blame for most of your troubles 35. Having urges to break or smash things or injure someone	17.	Spells of terror or panic	0	1	2	3	4
20. Feeling afraid to travel on buses, subways, trains, or planes  0 1 2 3 4  21. Feeling inferior to others  0 1 2 3 4  22. Having to avoid certain things, places or activities because they frighten you  0 1 2 3 4  23. Sudden re-experiencing of feelings, thoughts, images of a traumatic event  0 1 2 3 4  24. Temper outbursts that you could not control  0 1 2 3 4  25. Feeling "nothing" or numb, as if blocked as in taking a pain killer  0 1 2 3 4  26. Recurrent thoughts, impulses, or images that are intrusive and troubling  0 1 2 3 4  27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  0 1 2 3 4  29. Seeing or hearing things outside yourself that others tell you are not really there  0 1 2 3 4  30. The idea that someone else can control your thoughts  10 1 2 3 4  31. Feeling that most people cannot be trusted  10 1 2 3 4  32. Persistent fears about health problems despite doctors finding nothing wrong  10 1 2 3 4  33. Episodes of binge eating, purging/vomiting, or periods of not eating  10 1 2 3 4  34. Feeling others are to blame for most of your troubles  10 1 2 3 4  35. Having urges to break or smash things or injure someone	18.	Fearful feelings of being humiliated in social situations	0	1	2	3	4
21. Feeling inferior to others  22. Having to avoid certain things, places or activities because they frighten you  23. Sudden re-experiencing of feelings, thoughts, images of a traumatic event  24. Temper outbursts that you could not control  25. Feeling "nothing" or numb, as if blocked as in taking a pain killer  26. Recurrent thoughts, impulses, or images that are intrusive and troubling  27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  29. Seeing or hearing things outside yourself that others tell you are not really there  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  35. Having urges to break or smash things or injure someone	19.	Feeling uneasy in crowds or in open spaces	0	1	2	3	4
22. Having to avoid certain things, places or activities because they frighten you  0 1 2 3 4  23. Sudden re-experiencing of feelings, thoughts, images of a traumatic event  0 1 2 3 4  24. Temper outbursts that you could not control  0 1 2 3 4  25. Feeling "nothing" or numb, as if blocked as in taking a pain killer  0 1 2 3 4  26. Recurrent thoughts, impulses, or images that are intrusive and troubling  0 1 2 3 4  27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  0 1 2 3 4  29. Seeing or hearing things outside yourself that others tell you are not really there  0 1 2 3 4  30. The idea that someone else can control your thoughts  0 1 2 3 4  31. Feeling that most people cannot be trusted  0 1 2 3 4  32. Persistent fears about health problems despite doctors finding nothing wrong  0 1 2 3 4  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  0 1 2 3 4  35. Having urges to break or smash things or injure someone	20.	Feeling afraid to travel on buses, subways, trains, or planes	0	1	2	3	4
23. Sudden re-experiencing of feelings, thoughts, images of a traumatic event  24. Temper outbursts that you could not control  25. Feeling "nothing" or numb, as if blocked as in taking a pain killer  26. Recurrent thoughts, impulses, or images that are intrusive and troubling  27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  29. Seeing or hearing things outside yourself that others tell you are not really there  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  35. Having urges to break or smash things or injure someone	21.	Feeling inferior to others	0	1	2	3	4
24. Temper outbursts that you could not control0123425. Feeling "nothing" or numb, as if blocked as in taking a pain killer0123426. Recurrent thoughts, impulses, or images that are intrusive and troubling0123427. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)0123428. Feeling that you are watched or talked about by others0123429. Seeing or hearing things outside yourself that others tell you are not really there0123430. The idea that someone else can control your thoughts0123431. Feeling that most people cannot be trusted0123432. Persistent fears about health problems despite doctors finding nothing wrong0123433. Episodes of binge eating, purging/vomiting, or periods of not eating0123434. Feeling others are to blame for most of your troubles0123435. Having urges to break or smash things or injure someone01234	22.	Having to avoid certain things, places or activities because they frighten you	0	1	2	3	4
25. Feeling "nothing" or numb, as if blocked as in taking a pain killer  26. Recurrent thoughts, impulses, or images that are intrusive and troubling  27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  29. Seeing or hearing things outside yourself that others tell you are not really there  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  35. Having urges to break or smash things or injure someone  30. 1 2 3 4  31. Feeling urges to break or smash things or injure someone	23.	Sudden re-experiencing of feelings, thoughts, images of a traumatic event	0	1	2	3	4
26. Recurrent thoughts, impulses, or images that are intrusive and troubling  27. Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  29. Seeing or hearing things outside yourself that others tell you are not really there  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  35. Having urges to break or smash things or injure someone  30. 1 2 3 4  20. 1 2 3 4  21. 2 3 4  22. 3 4  23. 4 3 4  24. 3 4 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	24.	Temper outbursts that you could not control	0	1	2	3	4
27.Excessive repeating of an activity that you couldn't resist even though it sometimes seems foolish (e.g., cleaning, washing hands, counting, etc)0123428.Feeling that you are watched or talked about by others0123429.Seeing or hearing things outside yourself that others tell you are not really there0123430.The idea that someone else can control your thoughts0123431.Feeling that most people cannot be trusted0123432.Persistent fears about health problems despite doctors finding nothing wrong0123433.Episodes of binge eating, purging/vomiting, or periods of not eating0123434.Feeling others are to blame for most of your troubles0123435.Having urges to break or smash things or injure someone01234	25.	Feeling "nothing" or numb, as if blocked as in taking a pain killer	0	1	2	3	4
seems foolish (e.g., cleaning, washing hands, counting, etc)  28. Feeling that you are watched or talked about by others  29. Seeing or hearing things outside yourself that others tell you are not really there  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  35. Having urges to break or smash things or injure someone  36. On the idea that someone else can control your thoughts  38. The idea that someone else can control your thoughts  39. The idea that someone else can control your thoughts  30. The idea that someone else can control your thoughts  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  30. The idea that someone else can control your thoughts  31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. The idea that someone else can control your troubles  35. Having urges to break or smash things or injure someone	26.	Recurrent thoughts, impulses, or images that are intrusive and troubling	0	1	2	3	4
28. Feeling that you are watched or talked about by others0123429. Seeing or hearing things outside yourself that others tell you are not really there0123430. The idea that someone else can control your thoughts0123431. Feeling that most people cannot be trusted0123432. Persistent fears about health problems despite doctors finding nothing wrong0123433. Episodes of binge eating, purging/vomiting, or periods of not eating0123434. Feeling others are to blame for most of your troubles0123435. Having urges to break or smash things or injure someone01234	27.		0	1	2	3	4
30. The idea that someone else can control your thoughts  0 1 2 3 4  31. Feeling that most people cannot be trusted  0 1 2 3 4  32. Persistent fears about health problems despite doctors finding nothing wrong  0 1 2 3 4  33. Episodes of binge eating, purging/vomiting, or periods of not eating  0 1 2 3 4  34. Feeling others are to blame for most of your troubles  0 1 2 3 4  35. Having urges to break or smash things or injure someone  0 1 2 3 4	28.		0	1	2	3	4
31. Feeling that most people cannot be trusted  32. Persistent fears about health problems despite doctors finding nothing wrong  33. Episodes of binge eating, purging/vomiting, or periods of not eating  34. Feeling others are to blame for most of your troubles  35. Having urges to break or smash things or injure someone  36. The seling of the series	29.	Seeing or hearing things outside yourself that others tell you are not really there	0	1	2	3	4
32. Persistent fears about health problems despite doctors finding nothing wrong  0 1 2 3 4  33. Episodes of binge eating, purging/vomiting, or periods of not eating  0 1 2 3 4  34. Feeling others are to blame for most of your troubles  0 1 2 3 4  35. Having urges to break or smash things or injure someone  0 1 2 3 4	30.	The idea that someone else can control your thoughts	0	1	2	3	4
33. Episodes of binge eating, purging/vomiting, or periods of not eating  0 1 2 3 4  34. Feeling others are to blame for most of your troubles  0 1 2 3 4  35. Having urges to break or smash things or injure someone  0 1 2 3 4	31.	Feeling that most people cannot be trusted	0	1	2	3	4
34. Feeling others are to blame for most of your troubles  0 1 2 3 4  35. Having urges to break or smash things or injure someone  0 1 2 3 4	32.	Persistent fears about health problems despite doctors finding nothing wrong	0	1	2	3	4
34. Feeling others are to blame for most of your troubles  0 1 2 3 4  35. Having urges to break or smash things or injure someone  0 1 2 3 4	33.	Episodes of binge eating, purging/vomiting, or periods of not eating	0	1	2	3	4
35. Having urges to break or smash things or injure someone 0 1 2 3 4	34.		0	1	2	3	4
		·	0				
	36.		0	1			



## DRUG AND ALCOHOL USE

A.				ohol use of your fal g. For your childre				
	0 = never; 1 = less	than once a	a month;	2 = 1-4 days a month;	3 = almost o	daily; 4 = daily;	5 = used in past, n	ot using nov
	SUBTANCE	SELF	PAR	TNER/SPOUSE	CHILD	CHILD	YOUR PARE	NTS
	Caffeine Nicotine Beer/wine/liquor LSD Marijuana Inhalants Sedatives Amphetamines Cocaine/Crack Other (specify)							
В.	Are you concern	ed about	vour dr	ug or alcohol use?			□ Yes	□ No
C.	•		•	concerned about y	our use of c	drugs or alcohol		□ No
D.			-	r use of drugs or al			□ Yes	□ No
E.						☐ Yes	□ No	
F.	•				□ Yes	□ No		
G.	Has anyone in yo	our family	been ir	n treatment for drug	g or alcohol	abuse?	☐ Yes	□ No
	List who and for	what trea	tment: _					
				FINANCIAL / LE	GAL HISTO	RY		
A.	Do you have seri	ious finan	cial cor	ncerns?			☐ Yes	□ No
В.	Have you ever be	een arres	ted?				☐ Yes	□ No
C.	Have you ever be	een involv	ed with	n Protective Service	es?		☐ Yes	□ No
			SCHO	OOL, MILITARY &	WORK HIS	TORY		
A.	Are you currently	enrolled	in scho	ool?			☐ Yes	□ No
В.	What is your high	hest grade	e comp	leted?				
C.	If you are in scho	ool, what t	field are	you studying?				
D.	Have you served	I in the mi	litary?				☐ Yes	□ No
	If yes, which brai	nch?			When?			
E.	Are you currently	employe	ed?				☐ Yes	□ No
	If yes, what is yo	ur occupa	ation? _					
	What is the lengt	th of time	at vour	current job?				

## THANK YOU FOR COMPLETING THIS INFORMATION.