

Sharon Kocina, M.A., L.P.C.
Psychotherapist

Current Situation

1. What is your current living arrangement:
a. Alone b. Family/Spouse c. Significant Other or Partner d. Parent/Guardian
e. Homeless f. Housemate(s) g. Caregiver h. Other: _____

2. List members of your household other than yourself. Use back for more space if needed.
Please indicate if you have legal custody of any minors listed

Name	Age	Relationship	Legal Custody
_____	____	_____	Y/N
_____	____	_____	Y/N
_____	____	_____	Y/N
_____	____	_____	Y/N

3. Do you have children who are not living with you? Y/N
If yes, please explain:
4. What is your current marital status?
a. never married b. married c. separated d. divorced e. widowed
5. If you have a partner now, how long have you been together?
6. How many marriages have you had?
7. If you are currently in a relationship, how satisfied are you?
a. extremely satisfied b. fairly satisfied c. fairly dissatisfied d. not satisfied

Medical Information

1. Are you receiving care from a doctor? Physical Therapist? Nutritionist? Chiropractor? Other Health Care Provider? Yes No
If yes, please list practitioner and reason for seeing that practitioner:
2. Are you taking medication? Yes No
If yes, please list name of the medication, dosage (if known), reason for taking medication and name of prescribing practitioner:
3. Have you had psychiatric treatment or psychotherapy? Yes No
If yes, please list reason for treatment and the outcome (how did it go?):
4. Current or Previous Therapist/Agency/School(s) (list names, addresses and dates):

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Other Resources

Family Physician's Name:
Phone Number
Address:

Attorney (if applicable):

Clergy (if applicable):

Other Professionals (if applicable):

Family History

1. With whom did you live when you were growing up?

2. How many siblings do you have? _____ Are all still alive? Y/N

Describe any events during your childhood or adolescence that had a profound effect on your life (i.e. loss of parent, a significant achievement, alcohol/drug abuse):

3. Is there a family (immediate and extended) history of:	If so, who
alcohol or drug abuse? Y/N	_____
mental illness? Y/N	_____
physical abuse? Y/N	_____
sexual abuse? Y/N	_____
emotional abuse? Y/N	_____
domestic violence? Y/N	_____

School/Work

1. What is the highest grade/year at school you completed?

2. Did you have any problems in school? Y/N

If yes, were they academic, behavioral, social or other (circle one; if other, please elaborate)

3. Are you currently experiencing any problems or stress at work or school? Y/N

If yes, please explain:

4. Are you currently experiencing any financial difficulties? Y/N

5. Any military experience? Y/N If yes, indicate status a. active b. reserve c. veteran
Type of discharge: a. honorable b. dishonorable c. medical d. other

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Social History

1. Are you involved in any community activities? Y/N
If yes, please explain _____
2. Do you have any religious affiliations? Y/N
If yes, please explain _____
3. Do you have any hobbies or leisure activities? Y/N
If yes, please explain _____
4. Do you have close friends, family members and/or a religious leader with whom you can discuss problems? Y/N
If yes, please explain _____

Other

Have you ever thought about killing yourself? Y/N
If yes, please share details _____

Have you ever attempted suicide? Y/N
If yes, please share details _____

Do you presently use any drugs or alcohol? Y/N If yes, please complete below (check appropriate boxes):

FREQUENCY OF USE IN PAST 30 DAYS								
SUBSTANCE	Ever Used	Ever a Problem	None	Once or Twice	1 – 2 per week	3 – 4 per week	5 – 6 per week	Daily or Almost Daily
Alcohol								
Cocaine								
Crack								
Heroin								
Methadone								
Methamphetamine								
Prescription Narcotics								
Marijuana								
Tranquilizers								
Sleeping Pills								
Amphetamine								
LSD, Mescaline								
PCP (“angel dust”)								
Special “K”								
Nitrous Oxide								
Amyl Nitrate								
Other: _____								

6. Have you experienced any negative effects due to alcohol or drug use?
If yes, please explain _____

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7. Who has complained about your alcohol or drug use?
8. History of family members affected by alcohol or drug use/dependence (indicate all that apply):
- a. no family members affected by alcohol or drug use/dependence
 - b. mother c. father d. grandmother e. grandfather
 - f. daughter g. son h. sister i. brother
 - j. spouse k. other _____

Strengths

1. What would you say are your strengths? _____

2. What would your closest friend say are your strengths? _____

3. What would a family member say are your strengths? _____

4. If you are working (or working outside the home), what would your boss or a co-worker say are your strengths? _____

5. What else would you like me to know about you? _____

