

Mielke & Weeks Psychological Services

Health Assessment and Personal History

Name _____ Date _____

Age _____ Marital Status _____ Gender ___ Male ___ Female

Spouse or Partner's Name _____

Children's Names and Ages: Males _____

Females _____

Mother's Name _____ Age _____

Father's Name _____ Age _____

Sibling's Names & Ages _____

Your birth order _____ of how many children? _____

Briefly describe why you are coming into therapy at this time: _____

Lately, I have been: (Please circle all that apply)

moody tense sad irritable worried lonely angry anxious grieving frustrated tired

unmotivated having trouble with sleep having anxiety/panic attacks gaining or losing weight

I have been having problems with: (Circle all that apply) spouse/partner family friends work

Please explain:

Are you feeling suicidal? ___ Yes ___ No Are you feeling homicidal? ___ Yes ___ No

Please explain:

How often do you drink alcohol and how much? _____

Have you ever used nonprescription drugs: ___ Yes ___ No Please describe your use: _____

Has anyone ever expressed concern about your use of alcohol or substances? ___ Yes ___ No

Please explain: _____

Please list any medications you are taking, incl. dosage, frequency, and the reason you are taking them:

Please describe any other medical problems you are having at this time: _____

Name and phone number of your doctor(s): _____

Current or past legal problems: _____

What is your highest level of education achieved? (List highest grade or degree(s) and area of study)

Where do you work? _____ Your position: _____

What do you like or dislike about your career so far? _____

Please describe your spiritual beliefs: _____

Please describe your past experience with counseling, therapy or substance abuse treatment:

Who are your best friend(s) or biggest supporters? _____

What do you appreciate about them? _____

Please describe your relationship with:

Mother: _____

Father: _____

Siblings: _____

Describe what you do for exercise: _____

What do you like to do for fun and relaxation in your free time? _____

What is your idea of true happiness in life? _____

How would you describe your personality? _____

Thank you for taking the time to share this meaningful information with us. It is an important part of getting to know you. Please be advised that this information is strictly confidential and will never be released to anyone without your permission, unless required by law.