

Health Information

Intrigue Counseling / Abbee D. Smith, LCSW

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1. How would you rate your current physical health? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2. How would you rate your current sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

3. How many times per week do you generally exercise? _____

What types of exercise do you participate in: _____

4. Please list any difficulties you experience with your appetite or eating patterns.

5. Are you currently experiencing overwhelming sadness, grief or depression? No Yes

If yes, for approximately how long? _____

6. Are you currently experiencing anxiety, panic attacks or have any phobias? No Yes

If yes, for approximately how long? _____

7. Are you currently experiencing any chronic pain? No Yes

If yes, please describe? _____

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8. Do you drink alcohol more than once a week? No Yes

9. How often do you engage recreational drug use?

Daily Weekly Monthly Infrequently Never

10. Are you currently in a romantic relationship? No Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

11. What significant life changes or stressful events have you experienced recently:

FAMILY MENTAL HEALTH HISTORY

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

	Please Circle		List Family Member
Alcohol/Substance Abuse	No	Yes	_____
Anxiety	No	Yes	_____
Depression	No	Yes	_____
Domestic Violence	No	Yes	_____
Eating Disorders	No	Yes	_____
Obesity	No	Yes	_____
Obsessive Compulsive Behavior	No	Yes	_____
Schizophrenia	No	Yes	_____
Suicide Attempts	No	Yes	_____

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ADDITIONAL INFORMATION:

1. Are you currently employed? No Yes

If yes, what is your current employment situation: _____

Do you enjoy your work? Is there anything stressful about your current work?

2. Do you consider yourself to be spiritual or religious? No Yes

If yes, describe your faith or belief:

3. What do you consider to be some of your strengths?

4. What do you consider to be some of your weakness?

5. What would you like to accomplish out of your time in therapy?
