



### Current Health

Please list all medication you are currently taking:

Please answer the following with on a scale of **1 to 10** with 1=Poor; 5=Average and 10=Excellent). How would you rate your ~

- overall health
- sleeping habits
- eating habits/appetite
- exercise habits
- level of chronic pain or discomfort

What is your level of alcohol consumption? \_\_\_\_\_ / day \_\_\_\_\_ /week

Do you use recreational drugs? \_\_\_Yes \_\_\_No How often?

Please check all that apply. Are you currently experiencing any of the following?

- Overwhelming sadness, grief, or depression \_\_\_\_
- Anxiety, panic attacks or phobias \_\_\_\_
- Mood swings \_\_\_\_
- Self-injurious behaviors (i.e. cutting) \_\_\_\_
- Suicidal thoughts*\_\_\_\_ *Suicidal plan* \_\_\_\_\_

Please list any significant life changes or stressful events in the last year:

### Family History

Please check all that apply and identify family member's relationship to you. Is there a family history of:

Alcohol/Substance Abuse: \_\_\_Y \_\_\_N Relationship to you \_\_\_\_\_

Anxiety: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Depression: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Domestic Violence: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Eating Disorders: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Obsessive Compulsive Disorder: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Schizophrenia: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Bi-Polar Disorder: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Suicide Attempts: \_\_\_Y \_\_\_N; Relationship \_\_\_\_\_

Is there anything else you would like me to know?