

Please list any family history of psychiatric diagnoses or substance abuse:

Please list current
medical conditions:

Please list any current
psychiatric diagnoses:

Please list current
medications:

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How often do you drink alcohol?

How often do you use drugs?

Have you ever been treated for drug/alcohol problems? Yes / No

Have you ever tried to harm yourself or someone else? Yes / No If yes, please describe:

Please describe any significant past or current legal problems:

Have you been in counseling previously? Yes / No

What would you like to accomplish in counseling?

