

Information Update

Today's Date _____

Name(s) _____

Address _____ Home Phn: _____ OK to leave msg? Y/N
 _____ Cell Phn(s): _____ OK to leave msg? Y/N

Date(s) of Birth _____ EMAIL: _____

Occupation(s): _____ Total Household income _____
 Highest Grade of Education _____

Place(s) of Employment: _____ City(ies) _____

Relationship Status: Single__ Married__ Divorced__ Cohabiting__ Widowed__
 How Long? _____

Previous Marriages: (please give number, year married, year divorced or widowed): _____

1. Please list the name, sex and birthdates of those living in your home besides yourself(ves). This would include children, spouses, partners and/or any relatives.

Name	Sex	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRESENT LIFE:

2. Please indicate all that apply for yourself(ves). If there are two of you filling this out this form use check marks and circles. Therefore, _____ will circle, and _____ will checkmark (if individual simply checkmark). Also, please indicate with a square any issues that you are aware people in your current household are currently experiencing. When you are squaring and/or circling please square or circle the entire word or phrase.

- Threats of killing or hurting self Any kind of reference to killing or hurting self
 Threats of killing someone else Any kind of reference to killing someone else

- Hear or see things others do not
- Self injury
- Fire Setting
- Arrests
- Exposure to traumatic event
- Bed wetting
- Stealing
- Argumentative
- Avoidance of responsibility
- Secretive
- Irritable mood
- Racing thoughts
- Over-tired or easily fatigued
- Eating Problems
- Muscle Tension
- Hurting animals
- Unable to keep friends
- Day wetting
- Worry a lot
- Tearful
- Pre-occupation with sex
- Angry mood
- Vandalism
- Lying
- Frequent physical complaints
- Nightmares
- "Flash-backs"
- Blames others
- Shortness of Breath
- Lots of energy
- Sexual difficulty
- Repetitive Behaviors
- Exaggerated sense of worth
- Hopelessness
- Helplessness
- Drug/alcohol abuse
- Mood goes up and down a lot
- Frequent conflict
- Fearful
- Poor decisions
- Sad most of the time
- Delinquency
- Night terrors
- Extreme shyness
- Strong sense of right and wrong
- Spiritual problem
- Weight problem
- Lack confidence
- Tics/other involuntary movements
- Interrupting others frequently
- Acting without thinking
- Not interested in things
- Recurring thoughts
- Hard to remember things
- Hard to concentrate
- Difficulty sleeping
- Hair pulling
- Prescription drug abuse
- Domestic Violence
- Soft Pornography
- Hard Pornography
- Internet relationship(s)
- Infidelity/Affair
- Death in the family
- Unemployment
- Financial stress
- Crime Victim
- Basic needs not met (food/shelter/clothes)
- Violence in home
- Frequent moves
- Natural disaster
- Living in constant fear
- Parental illness
- Emotional abuse
- Parental Divorce
- Strong feelings of guilt or shame
- Weight issues
- Parental/Guardian separation
- Alcohol or drug abuse (indicate by whom and when): _____
- Sexual or physical abuse (indicate by whom and when): _____

Are you currently on any Medications? If so please list them:

What is the biggest change since we last talked?