



***(Your life and background, cont.)***

- Have you ever taken any medication for depression, anxiety, or other psychological conditions? *(If yes: What medication(s)? Time period? For what condition?)*
  
- Are you currently taking any medications? *(If yes: What medication(s) and for what conditions?)*
  
- Are you currently being treated by a physician for a medical condition? *(If yes: What condition(s)?)*
  
- Do you use alcohol and/or any recreational drugs? *(If yes: What and how often?)*
  
- Are you currently feeling depressed or anxious?
  
- Are you currently feeling suicidal?
  
- Have you ever had thoughts of suicide, or attempted suicide? *(If yes, when and what happened?)*
  
- Have you ever been a victim of spousal or partner abuse? *(If so, when and by who?)*
  
- Have you ever been physically violent toward another person? *(If so, when and how?)*
  
- Do you currently have, or have you ever had, what you would consider an addiction? *(If yes, what and when?)*
  
- Do you currently have, or have you ever had, an eating disorder? *(If yes, please describe)*

## **Your family of origin**

- Your parents (*Names? Ages, or year of death if no longer living? Occupations?*):
  
  
  
  
  
  
  
  
  
  
- Other significant adults in your upbringing (*i.e., step-parent, guardian, other relative? Name? Ages or year of death? Occupations?*):
  
  
  
  
  
  
  
  
  
  
- Briefly describe your childhood in general (*Family atmosphere? How you tried to cope emotionally?*)
  
  
  
  
  
  
  
  
  
  
- Briefly describe your relationship with your parents today:
  
  
  
  
  
  
  
  
  
  
- Siblings? (*Names? Ages, or year of death?*)
  
  
  
  
  
  
  
  
  
  
- Is there a history of alcoholism, mental illness, or violence in your parents, siblings, or other family members or in-laws?
  
  
  
  
  
  
  
  
  
  
- Has a family member ever been suicidal or tried to commit suicide?
  
  
  
  
  
  
  
  
  
  
- Was there emotional abuse in your family?
  
  
  
  
  
  
  
  
  
  
- Was there physical abuse in your family?
  
  
  
  
  
  
  
  
  
  
- Was there sexual abuse in your family?

### **Your goals and concerns**

Are you experiencing problems in any of the following areas? *If yes for any, briefly indicate nature of any challenges and/or your concerns or goals:*

Marriage or primary relationship:

Family:

Work/career:

Finances:

Romance/intimacy:

Friendships:

Health:

Spirituality:

Lingering effects of emotional trauma:

***(Your goals and concerns, cont.)***

- What are your most pressing concerns or worries at this point in your life?
  
- What are your most pressing hopes and desires at this point in your life?
  
- What gives you the greatest pleasure or joy?
  
- Is there anything else you'd like me to know?