



**Have you received prior family or couples counseling?**  Yes  No

If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

By whom: \_\_\_\_\_ Length of treatment: \_\_\_\_\_

Issues Addressed: \_\_\_\_\_

\_\_\_\_\_

**What was the outcome** (check one)?

Very successful  Somewhat successful  Stayed the same  Somewhat worse  Much worse

**Have any of you been in individual counseling before?**

If yes, who, and give a brief summary of concerns that were addressed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do any of you drink alcohol or use drugs recreationally?**

If yes, who, how often and which drugs or alcohol?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have any of you received help for drug or alcohol dependency?**

If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_ For what? \_\_\_\_\_

Where? \_\_\_\_\_

**Have any of you been hospitalized for mental/emotional/psychiatric reasons?**

If yes, Who? \_\_\_\_\_ When? \_\_\_\_\_ For what? \_\_\_\_\_

Where? \_\_\_\_\_

**Have any of you struck, physically restrained, used violence against or injured any other family member?**

If yes, who, how often and what happened?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do any of you currently take prescribed psychiatric medication (anti-depressants, etc)?**

If yes, who, what medication, and prescribed by whom?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are any of you currently suffering from general medical conditions, sleeping/eating problems, or depression/anxiety?**

If, yes, who, and what symptoms are you experiencing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have any of you ever attempted suicide?**

- No
- Yes

If yes, who, how many times, how, and when? \_\_\_\_\_

\_\_\_\_\_

**Please share any relevant family history of mental health concerns:**

\_\_\_\_\_

\_\_\_\_\_

***For the following questions, please think of your couple relationship:***

**Have either of you threatened to separate or divorce (if married) as a result of the current relationship problems?**

If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

**If married, have either you or your partner consulted with a lawyer about divorce?**

If yes, who? \_\_\_Me \_\_\_Partner \_\_\_Both of us

Signature	Date
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