*If you are typing this form to return by email from a shared computer, please remember to delete it from the “Sent Items” folder and temporary files folder once you have sent it and I have acknowledged receipt.*

Today’s Date:

**Name:**

**Date of Birth**:

**Address:**

**Telephone Number:**

**OK to leave messages? Y / N**

Email:

Occupation:

Married/Single/Divorced/In a Relationship/etc:

Living Situation (i.e. bedsit, own house, renting house, etc):

Who else lives with you?

What are your expectations of the session and how the session will be structured?

Brief Outline of Problem/ Issue/ Goals/ Outcomes:

If pain related, how bad is the pain currently on a scale of 0-10, where 10 is horrendous

If pain related, how bad is the pain at its worst on a scale of 0-10

What was happening in your life when this started?

What stops you/ makes it worse?

What have you tried do far to help this?/ medication for your pain?

If you didn’t have this problem, how would your life be different?

Is there anything about your situation that would be helpful for me to know?

If problem is weight/eating related, Weight: Height:

Please list any current physical health problems:

Please list previous significant medical or surgical problems:

Please list all medication currently taken:

Have you ever suffered a head injury that resulted in loss of consciousness or brain trauma?

Have you received in-patient psychiatric treatment, and if so: what, where and for how long?

Approximate alcohol intake per week (in bottles/pints):

Do you smoke? If so, how much?:

Any other drug use?

Hobbies and interests:

What stops you from changing/ getting what you would like?

What will be different once you have changed?

How will this change affect family and friends?

What has been your best accomplishment to date?

*Everything we talk about will be confidential, except for issues that may mean a risk of harm to yourself, others and especially children. Also if you tell me about a current reportable crime*