

HISTORY

Date _____

Name _____ DATE OF BIRTH _____ AGE _____

Check any of the following that applied to you or your family during your **childhood or adolescence**:

Self	Family		Self	Family	
_____	_____	Anxiety problems	_____	_____	Difficult childhood
_____	_____	Anger problems	_____	_____	Alcohol or drug problems
_____	_____	Sexual orientation/coming out	_____	_____	Depression
_____	_____	Gender identity	_____	_____	School problems
_____	_____	Family problems	_____	_____	Behavior problems
_____	_____	Physical abuse	_____	_____	Medical problems
_____	_____	Sexual abuse	_____	_____	Learning disability
_____	_____	Legal problems	_____	_____	Gambling other addictions
_____	_____	Body image and/or eating disorder	_____	_____	Other problems _____

WERE YOU FOSTERED OR ADOPTED? YES NO

Check any of the following stressors, which **currently** apply to you or someone close to you:

Self	Family		Self	Family	
_____	_____	Sexual orientation/coming out	_____	_____	Gender identity
_____	_____	Death in family	_____	_____	Divorce
_____	_____	Interpersonal problems	_____	_____	Mental illness
_____	_____	Trouble with job/school	_____	_____	Serious or chronic illness
_____	_____	Interactions with law/legal system	_____	_____	Alcohol and/or drugs
_____	_____	Financial trouble	_____	_____	Eating Disorder
_____	_____	Sexual abuse	_____	_____	Suicide
_____	_____	Physical abuse	_____	_____	Psychiatric Hospitalization
_____	_____	Addictions- gambling, video game, online, or other (please specify) _____			

Is there a history of suicide or suicide attempts in your family? YES NO

Have you considered or attempted suicide? YES, currently YES, in the past NO

Current Relationship Status(es):

Single Long Term Relationship Engaged Partnered Married
 Separated Divorced Remarried Widowed