Please complete the entire 2-page form and return via email to:

TODAY'S DATE: \_\_\_\_\_

YOUR INFORMATION Profession:
Number Years Married to Current Spouse:
Children's Names and ages:
Previous Marriage(s) & length of Marriage(s):

## YOUR FAMILY OF ORIGIN

Mother's Name:		
Father's Name		
Mother's Age:	Mother's Location:	
Father's Age:	Father's Location:	
Mother's Health:		
Father's Health:		
Mother's Profession:		
Father's Profession:		

Write 3 adjectives to describe your Mother:

(1)	
(2)	
(3)	

Write 3 adjectives to describe your Father: (1)

(1)	
(2)	
(3)	
$(\mathbf{J})$	

Page Two

CURRENT PROBLEM/ISSUES - Please provide description of current problems and issues to be addressed:

HEALTH CHECKLIST - Check all that apply to each family member and yourself

YOU SPOUSE CHILD/CHILDREN BRIEFLY EXPLAIN

ANXIETY:

DEPRESSION: DRINKING: SUBSTANCE ABUSE: ANGER: WORKAHOLISM: FOOD ADDICTION: SPENDING/GAMBLING: SEX ADDICTION: PHYSICAL HEALTH:

## **ADDITIONAL INFORMATION**

Please describe what you see to be the problems and any other issues you would like to address. What outcome you would like to have from the counseling sessions?