

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) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Page Two

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

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

	YOU	SPOUSE	CHILD/CHILDREN	BRIEFLY EXPLAIN
ANXIETY:				

