



Today's Date: _____

Name _____ Home/Cell Phone _____

Address _____ Work Phone _____

City _____ Zip _____ Occupation/Employer _____

Your age _____ Date of Birth _____ Email address _____

Insurance Company _____

Partner _____ Partner's Age _____ Occupation _____

Preferred mode of contact _____

Please rate your general satisfactions with life a present (circle one)

Very dissatisfied 0 1 2 3 4 5 6 7 8 9 10 very satisfied

Please rate your level of satisfaction in present marriage/significant relationship

Very dissatisfied 0 1 2 3 4 5 6 7 8 9 10 very satisfied

Who referred you to therapy?

Would you be comfortable with me thanking them for the referral? Yes () No ()

Have you had prior experience in counseling? Yes () No ()

If yes, please describe with whom, when, how long, and for what:

M. Michelle Hawn, MA, LPC-S
Grand Oaks Office Complex
8700 Manchaca Rd Suite 804 Austin, TX 78748
512.633.1994 michelle@labyrinthcounseling.org

What are three significant problems you face currently?

1. _____

2. _____

3. _____

Is there anything in particular that you want the therapist to know about your situation?

Present Marriage (or significant relationship)

Years known each other ____ Years married ____ Date married _____

Children of this marriage (names/ages)

Step children (names/ages)

_____	_____
_____	_____
_____	_____
_____	_____

Have you been married before? _____

If one or more prior marriage(s), please list below (use back of page if more space is needed):

Family of Origin (Parents & Siblings)

Father's name _____

Age _____ Occupation _____

Present state of health _____

If deceased, year/cause _____

Parents still together _____ Divorced _____ Remarried _____

Mother's name _____

Age _____ Occupation _____

Present state of health _____

If deceased, year/cause _____

<u>Brothers & Sisters</u>	<u>Age</u>	<u>Marital Status</u>	<u>Occupation</u>	<u>Location</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Extended and Immediate Family History (please check those which apply and to whom)

Divorce ___ Alcohol/substance abuse ___ Physical abuse ___ Sexual abuse ___
 Depression ___ Anxiety ___ Suicide ___ Mental illness ___

To whom does this apply? _____

Current/Recent Mood (general state lately)

Anxiety ___ Fear ___ Sadness ___ Grief ___ Anger ___ Irritability ___
 Happy ___ Impatient ___ Calm ___ Numb ___

Any changes or concerns involving the following? (Please check those which apply)

Finances ___ Legal Matters ___ Work/Job ___ Education/School ___ Moving ___ Marital Status ___
 Parenting ___ Concentration ___ Memory ___ Energy ___ Health/Illness ___ Surgery/Injury ___
 Grief/Loss ___ Addition of a Family Member ___ Family Member Leaving Home ___ Sexual Activity ___
 Sleep Habits ___ Eating Habits ___ Caffeine Intake ___ Tobacco Use ___ Alcohol Use ___ Drug Use ___

Your Personal Health

Identify any allergies, significant health problems, or surgeries that you have had, or currently have:

Do you use any medications? Yes () No ()

Any drug allergies Yes () No ()

If yes, please describe:

Name of your physician: _____

Are you careful about your diet? Yes () No () Do you exercise regularly? Yes () No ()

Other

Years & Level of Education: _____

Is Spirituality/Religion important to you? _____

Do you attend (or have you attended) any Self-Help Groups? Yes () No () _____

Who do you consider as your greatest support? _____

What do you consider your greatest strengths? _____

How would you rate relationships with your parents generally?

(Scale 1-10) 1 = non-existent & 10 = "best of friends"

Mother: ____ Step-mother: ____ Father: ____ Step-father: ____

Additional comments: _____

How do you rate relationship with yourself generally? (Same scale as above) _____

Additional comments: _____

M. Michelle Hawn, MA, LPC-S
 Grand Oaks Office Complex
 8700 Manchaca Rd Suite 804 Austin, TX 78748
 512.633.1994 michelle@labyrinthcounseling.org