

Stephanie E. Hernandez, LCSW
Licensed Clinical Social Worker

Please fill in the information below and bring it with you to your first session.
Please note: information provided on this form is protected as confidential information.

Personal Information

Name: _____ Date: _____

Parent/Legal Guardian (if under 18):

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/ Other Phone: _____ May we leave a message? Yes No

Emergency Contact: _____

DOB: _____ Age: _____ Gender: _____

Marital Status: Never Married Domestic Partnership Married Separated
 Divorced Widowed

Reason for coming to therapy

What do you consider to be some of your strengths?

What do you consider to be some of your weaknesses?

What would you like to accomplish out of your time in therapy?

Mental Health

Have you previously received any type of mental health services? Yes No

If yes, previous therapist/practitioner: _____

Are you currently taking any prescription medication? Yes No

If yes, please list:

Have you ever been prescribed psychiatric medication? Yes No

If yes, please list and provide dates:

History of Self-harm or suicidal ideations? Yes No

Current Suicidal ideations, plan and/or intent? Yes No

History of psychiatric hospitalizations? Yes No

If yes, year and reason:

Are you currently experiencing overwhelming sadness, grief or depression? Yes No

If yes, for how long? _____

Are you currently experiencing anxiety or panics attacks? Yes No

If yes, when did you begin experiencing this?

Are there any significant life changes or stressful events that have you experienced recently? _____

Please check all that apply:

History of Trauma

Sexual Abuse

Physical Abuse

Emotional Abuse

Domestic Violence

History of Violence

Incarceration

Probation/Parole

Legal History

Please explain (optional)

Do you consider yourself to be spiritual or religious? Yes No
If yes, describe your faith or belief:

Employment

- Employed and satisfied Employed but dissatisfied Unemployed
 Coworker conflicts Unstable work history Retired

Please describe:

Social

Circle how you generally get along with other people:

- | | | | | |
|--------------|------------|----------|-------------------|----------|
| Affectionate | Aggressive | Avoidant | Fight/argue often | Follower |
| Friendly | Leader | Outgoing | Shy/withdrawn | Passive |

Please list Current Emotional Support System

Special areas of interest or hobbies

- books crafts physical fitness sports outdoor activities
 church activities walking diet/health hunting fishing
 arts bowling traveling martial arts singing dancing

How often do you drink? Daily Weekly Monthly Infrequently
 Never

Do you engage in recreational drug use? Daily Weekly Monthly Infrequently Never

If yes, what drugs?

Medical History

When was your last doctor's appointment? _____

Please Circle all that apply:

AIDS/HIV	Abdominal pain	Abortion	Allergies	Arthritis
Asthma	Bed wetting	Chest pain	Chronic pain	Seizure
Constipation	Dizziness	Diabetes	Fatigue	Headaches
Hepatitis	Anemia	Kidney/Bladder	STDs	Strokes
Neurological disorders	Nose bleeds	Sexual Problems	Cancer	
Hormone problems	Vision problems	Heart Attack	Hearing problems	
High blood pressure	Traumatic Brain Injury	Miscarriages		

Please Explain:

How would you rate your current sleeping habits?

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

How many times per week do you generally exercise?

Please list any difficulties you experience with your appetite or eating problems:

Family History

Please circle all that apply

Substance Use	Depression	History of Suicide	Relational Conflicts
Divorce	Legal History	Trauma	Anxiety
Bi-polar	Schizophrenia	Schizoaffective	Phobias
Foster Care	Adoption	Unexpected Deaths	Suicide

Please Explain:

Mother

Alive and Supportive Alive and Conflicted Absent Deceased

Father

Alive and Supportive Alive and Conflicted Absent Deceased

Siblings

Alive and Supportive Alive and Conflicted Absent Deceased

Children

Alive and Supportive Alive and Conflicted Absent Deceased