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Name: _____

Today's Date _____

1. List yourself and all people living in your household.
Name _____ Age _____ Place of Work or School _____

2. Family members not living with you (for example, grown children)

3. Why are you seeking help at this time? _____

4. Do you have any current medical problems or have you had any major illness in your life?
____ No ____ Yes, please explain _____

5. Do you take any regular medications? ____ No ____ Yes
If yes, please list medications and dosages _____

6. How would you describe the quality of your self-care (e.g., diet, exercise, sleep, time for relaxation, etc.) _____

7. Do you smoke? ____ No ____ less than 1pack/day ____ 1pack/day ____ more than 1pack/day
If you smoke, do you want to quit? ____ Yes ____ No ____ Maybe
8. How often do you drink alcohol? ____ Never ____ 1x/month ____ 1x/week ____ more than 1x/week
Have you or anyone else ever felt you have had a problem with drinking, currently or in the past? ____ No ____ Yes, please explain: _____

9. Have you ever had a problem with use of recreational drugs or inappropriate use of prescription or over the counter drugs? ____ No ____ Yes, please explain: _____

10. Do you have any sleep trouble? ___No ___Yes
If yes, ___falling asleep ___waking during night ___restless sleep ___other_____
11. Have your eating habits or weight changed in recent months? ___No ___Yes
If yes, ___lost weight ___lost appetite ___gained weight ___increased appetite
12. Have you ever seen a therapist for emotional, mental health or substance abuse difficulties? ___No ___Yes
If yes, who, when, for how long?_____
13. Have you ever been in a hospital for mental health or substance abuse problems? ___No ___Yes,
for what and when?_____
14. Have you ever deliberately hurt yourself or attempted suicide?___ No If yes, when and how?

15. Have you had any feelings of wanting to hurt yourself or anyone else over the past month?___No ___Yes, please describe_____
16. Do you have family members (parents, siblings, grandparents, spouse, children, others) who have had mental health or substance abuse difficulties? ___No ___Yes, please describe_____
17. Describe a few specific things you most want to learn, change, or work on in your therapy experience (in order of priority for you):
1. _____
2. _____
3. _____
4. _____
18. What factors are most important to you in a therapist and what would make you feel your therapy experience has been successful and has best met your needs?_____
19. Please tell me anything else about yourself that you think is important for me to know:_____