

Mindful Therapy Practice  
[Mindfultherapypractice.com](http://Mindfultherapypractice.com)  
(626)893-0480

Name _____	Date _____	Gender identification _____
Date of Birth _____	Age _____	Race/Ethnic Heritage _____
Email: _____		
Address _____	City _____	Zip _____
Mailing Address (if different) _____		
Home Phone _____	Cell Phone _____	Wk Phone _____
Emergency Contact _____	Phone _____	

Why are you seeking therapy?

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Highest Year of School Completed \_\_\_\_\_ Where \_\_\_\_\_ Date \_\_\_\_\_

Other Education or Training (include dates):

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Current Work Status \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ How long on this job? \_\_\_\_\_

Previous Occupations \_\_\_\_\_ Dates \_\_\_\_\_

unemployed, how long have you been out of work? \_\_\_\_\_ Dates \_\_\_\_\_ If

Please explain

Military Service: Branch \_\_\_\_\_ Dates \_\_\_\_\_ Overseas? \_\_\_\_\_

Area \_\_\_\_\_ Combat? Yes \_\_\_\_\_ No \_\_\_\_\_

Current Marital/Relationship Status \_\_\_\_\_ How long \_\_\_\_\_

Partner/Spouse Living with You? \_\_\_\_\_

Describe your present feelings about your relationship

# of Pregnancies \_\_\_\_\_ # of Live Births \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Living with you? \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Living with you? \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Living with you? \_\_\_\_\_

Please describe your relationship with your children

Please list other members of your current household (name/age/gender/relationship)

Parents: Mother \_\_\_\_\_ Age \_\_\_\_\_ Living? \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Father \_\_\_\_\_ Age \_\_\_\_\_ Living? \_\_\_\_\_ If deceased, when? \_\_\_\_\_

Describe your relationship with your parents as you were growing up

**Did you get messages from your community or the media that made you feel inferior, ashamed, unimportant, or uncomfortable? If yes:**

**What were the messages? How did your primary caregivers/parents, etc react to these messages with you?**

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Who are the important people in your life now?

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Are any of these relationships highly stressful? If yes: tell me about that.

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Who loves and supports you now?

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Who do you love, support, or care for now? Children/pets/plants/patients/students, etc

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Are there any other significant events in your life, positive or negative that you haven't mentioned yet that it would be helpful to know about? If so, you do not have to write with detail. You can simply just provide a headline/title, even if it only makes sense to you. Next to the event, you can write how distressing it is to you from 0= no distress to 10=the most distressing, disturbing event ever.

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**Do you have any learning difficulties? (ADHD, dyslexia, sensory processing difficulties, etc.)**

**Please describe:** \_\_\_\_\_

**Please list any minor or major head injuries experienced as a child or adult, & indicate your age at the time of occurrence**

**(include bicycle or skateboard accidents, falls from trees or down stairs, sports injuries, concussions, etc.)**

**Did you lose consciousness?    Yes \_\_\_\_\_    No \_\_\_\_\_**

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**Were your parents ever separated/divorced? \_\_\_\_\_ If so, briefly describe how this affected you**

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**What do you know about your mother's pregnancy & your birth? \_\_\_\_\_**

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**Siblings: Brothers (list ages) \_\_\_\_\_**

**Sisters (list ages) \_\_\_\_\_**

**Describe your relationship with your siblings as you were growing up \_\_\_\_\_**

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**Have you been in counseling before?**

**Name of Provider \_\_\_\_\_ Dates \_\_\_\_\_ Frequency \_\_\_\_\_**

**Name of Provider \_\_\_\_\_ Dates \_\_\_\_\_ Frequency \_\_\_\_\_**

Have you ever attempted suicide? \_\_\_\_\_ When? \_\_\_\_\_ Are you having suicidal thoughts now? \_\_\_\_\_

If so, please describe \_\_\_\_\_

Have you ever been hospitalized in a psychiatric facility?  Yes  No If so, please describe (with dates)

Please list medications (including psychotropic, over-the counter, herbal remedies) that you have taken in the past 6 months

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED BY	REASON FOR MEDICATION

Are you taking the medications as prescribed?  Yes  No If No, please explain:

Are you aware of any history of mental illness, alcohol or drug abuse, or violence in your family?  
If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL/DRUG ASSESSMENT:**

Current or past history of alcohol/drug use?  Yes  No If Yes, complete table below. If no history, move to next section.

Do you ever drink or use more than you intend to?  Yes  No If yes, how often:  Almost every time  
 Occasionally  Seldom  More often lately  When under stress  Other: \_\_\_\_\_

Have you ever had to increase the amount of alcohol/drug you consume to get the same effect?  
 Yes  No If Yes, when did you first notice this change? \_\_\_\_\_

Do you have a history of overdosing on alcohol/drugs?  Yes  No If yes, when was the last OD? \_\_\_\_\_

Have you ever experienced a black out?  Yes  No If Yes, how often:  Almost every time  
 Occasionally  Seldom  More often lately  When under stress  Other: \_\_\_\_\_

Do you have a history of seizures while under the influence?  Yes  No

With whom do you typically consume alcohol?  Friends  Family  N/A-Alone  Strangers  Other

Have you ever experienced problems related to your alcohol use?  Yes  No

Legal  Social/Peer  Work  Family  Friends  Financial

If yes, please describe: \_\_\_\_\_

If yes, have you continued to drink/use drugs?  Yes  No

Are you in a recovery program? \_\_\_\_\_ If so, how long have you been in recovery? \_\_\_\_\_  
Name of Program: \_\_\_\_\_

Please describe your state of health & any physical problems you have at this time \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any long term physical health problems \_\_\_\_\_

Are you under a physician's care? Yes \_\_\_ No \_\_\_ Name of Physician \_\_\_\_\_

How strong is your desire for therapy?

Very Strong \_\_\_\_\_ Moderate \_\_\_\_\_ Can do without if necessary \_\_\_\_\_

By whom were you referred? \_\_\_\_\_

What do you do to take care of yourself?

What spiritual or religious affiliations, activities &/or practices do you have currently?

Are you involved in any current or pending civil or criminal litigation, lawsuits or divorce or custody disputes?

If yes, please explain \_\_\_\_\_

What gives you the most joy or pleasure in your life? \_\_\_\_\_

What are your main worries or fears? \_\_\_\_\_

What are your most important hopes or dreams? \_\_\_\_\_

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Please add anything else you would like me to know about you \_\_\_\_\_

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**Thank you for taking the time to share this information.**  
**I recognize it is time consuming & appreciate your willingness to be thorough.**  
**I look forward to working with you.**