CLIENT INFORMATION

Date _____

ODESSA WELLNESS CENTER
Heart, Mind, Body & Spirit

Tel: (828) 712-3469 Fax: (828) 462-9962

Website: www.odessawellness.com e-Mail: OdessaWellness@gmail.com

Name_____ Birth date _____

1. CONTACT INFORMATION

Street Address _____

Home Phone _____ Cell Phone _____ e-Mail _____

Work Phone _____ Comments? _____

2. THERAPY INFORMATION (Please add a blank sheet if you need more space for your responses.)

How did you hear about this therapy practice?

What issues bring you to therapy?

What results do you hope to get from our work together?

Have you been to counseling before? _____
If yes, what type of therapy has been most helpful to you?

What type of therapy is not helpful to you?

Have you received in-patient psychiatric treatment before? _____
If yes, describe your experience.

Are you currently taking drugs and/or herbal supplements for psychiatric reasons? _____
If yes, what symptoms are you treating with the drugs and/or herbs are you taking?

3. FAMILY INFORMATION (Please add a blank sheet if you need more space for your responses.)

Are both of your parents living? _____
If no, how did your parent(s) die, and how old were you when your parent(s) died?

Describe your relationship with your parents and/or your primary caregivers.

Describe your parents' relationship with each other.

Did you grow up living with both of your parents? _____
If not, please explain:

Where were you born and where did you grow up?

Did your mother experience any pregnancy or delivery problems with your birth?

What is your cultural heritage?

How many times did you move before you were 18?

What kind of work did your parents and/or primary caregivers do while you were growing up?

Do you have stepparent(s)? _____
If yes, how old were you when your stepparent(s) came into your life and describe your relationship with your stepparent(s).

If either of your parents remarried, how many times did they remarry?

If you have brothers and/or sisters, please list their names, ages, sex in chronological order; place yourself within this order and describe your relationship with each sibling.

Are there any experiences in your past that you wish you could just erase from your brain?

Including yourself, does anyone in your immediate family or grandparents have substance abuse issues (drugs/alcohol/food/cigarettes/caffeine)?

4. PERSONAL STATUS INFORMATION (Please add a blank sheet if you need more space for your responses.)

What is your relationship status? If you are currently in a relationship, please describe how you feel about it.

If you do not live alone, please list the names, ages and relationship to you of those living with you.

If you have been divorced, how many times? _____

If you have children, please list their names, ages, and sex in chronological order and describe your relationship with each.

5.PERSONAL ISSUES INFORMATION (Please add a blank sheet if you need more space for your response)

Do you feel that your current support system is adequate? _____ If not, please elaborate.

How do you feel about your social interactions?

If you have spiritual beliefs, please explain.

Are you a part of a spiritual community? If yes, please share the importance this holds for you.

Do you have pets? If yes, please share their importance to you.

If you are working, what kind of work do you do and how do you feel about your work?

Do you have financial problems? _____
If yes, please elaborate.

Do you have legal problems? _____
If yes, please elaborate.

What special interests do you have and what do you do for fun?

If you have health problems, please describe.

Have you taken antibiotics for 2 months or longer or for shorter periods 4 or more times in a 1-year span?

Have you had any major accidents, injuries or surgeries?

How is your energy level?

Any sleeping problems?

How do you feel about your diet?

Are you comfortable with your level of exercise? Please elaborate_____

How did you feel about your experience in school?

Do you have any learning disabilities or wonder if you do?

How far did you go in school? Did you have a special field of study?