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Thank you for taking the time to fill out this application for treatment. Beginning psychotherapy is a big step and we would like to make the process as comfortable as possible. Please fill out the following and return it before your appointment. If you prefer, you may bring it with you.

Last Name: _____ First Name: _____ MI: ____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

E-Mail Address _____

It is okay to call me at home Y / N It is okay to call me at work Y / N

Emergency Contact:

Name: _____ Phone Number: _____

1. Date of Birth: _____ **2. Age at Last Birthday:** _____

3. Gender:

☐ Male: ☐ Female

☐ Other (Please Specify) _____

4. How would you identify your sexual orientation?

☐ Heterosexual ☐ Bisexual ☐ Gay/Lesbian

☐ Other (Please Specify) _____

5. Ethnicity:

☐ African-American ☐ Asian ☐ Caucasian

☐ Latino ☐ Native American

☐ Other (Please Specify) _____

6. Highest level of education completed:

☐ Graduate training (masters or doctorate)
☐ College (received four-year academic degree)
☐ High School/Trade School
☐ Eighth Grade

7. Are you currently attending school? (If yes, specify school/major):

☐ Full-Time ☐ Part-Time ☐ Not a Student

8. Are you currently employed? (If yes, specify employer/field):

☐ Working Full-Time ☐ Working Part-Time ☐ Volunteer Work
☐ Unemployed
☐ Other (Please Specify)

9. Relationship Status:

☐ Single ☐ Married ☐ Separated ☐ Divorced
☐ Other (Please Specify)

10. How many people are living in your household? Include spouse, partner, parents, siblings, children, and roommates.

Relationship:	Age:

11. My relationships with family members (check one):

☐ Provide extensive emotional support
☐ Provide an average amount of emotional support with occasional conflict
☐ Provide less than adequate emotional support with frequent conflict
☐ Do not provide emotional support
☐ No contact with family

12. My relationships with friends (check one):

☐ Provide extensive emotional support

☐ Provide an average amount of emotional support with occasional conflict

☐ Do not provide emotional support

☐ No friends

13. Please describe any medical or emotional problems of your parents or siblings:

14. Please check all the reasons you are seeking psychotherapy:

☐ Anxiety

☐ Confusion about self-image, goals, etc.

☐ Aftermath of a trauma

☐ Depression

☐ Relationship problems

☐ Health status of family/close friend

☐ Anorexia/Bulimia/Overeating

☐ Bereavement

☐ Concerns about abuse

☐ Planning the future

☐ Decreased performance at work, home, or school

☐ Memory problems

☐ Health status of myself

☐ Concerns about substance use/abuse: Self

☐ Other (please specify)

15. Have you been in psychotherapy previously?

☐ No ☐ Yes, Once ☐ Yes, more than once

16. If yes, when were you most recently in psychotherapy?

☐ Within the last 6 months

☐ 12-24 months

☐ 6-12 months

☐ Over 2 years ago

17. Why did you stop therapy?

18. What was the longest time you spent in any one psychotherapy?

19. Are you taking any medication?

☐ Yes ☐ No

20. If Yes, please specify medications and dosage:

21. Have you ever been hospitalized for emotional or mental problems?

☐ No

☐ Yes (please specify number of hospitalizations):

22. If yes, when was your most recent psychiatric hospitalization?

☐ Within the last 6 months ☐ 6-12 months

☐ 12-24 months ☐ Over 2 years ago

23. Have you ever had suicidal thoughts?

☐ Never ☐ Sometimes ☐ Frequently

24. Have you ever made a suicide attempt?

☐ No

☐ Yes (please specify number of attempts):

25. If yes, when was your last suicide attempt?

☐ Within the last 6 months ☐ 6-12 months

☐ 12-24 months ☐ Over 2 years ago

26. Are you currently using non-prescription drugs?

☐ Yes ☐ No

27. Have you used non-prescription drugs in the last year?

☐ Yes ☐ No

28. If you answered "yes" to #26 or #27, please specify which drugs with what frequency:

29. Do you drink alcohol?

☐ Yes ☐ No

30. If yes, please specify:

amount: Frequency/week:

31. Do you ever wonder if you have a problem with drugs or alcohol?

32. Have you ever been treated for a drug or alcohol problem?

☐ No

☐ Yes (specify program and date)

33. Do you currently smoke cigarettes?

☐ No

☐ Yes (please specify packs per day):

☐ No ☐ Yes ☐ Uncertain

34. Do you binge on food, purge, or use laxatives?

☐ No

☐ Yes (specify which one and frequency)

35. Are you now in a 12-step program? (e.g., A.A., N.A., O.A., S.A., S.I.A.)

☐ No

☐ Yes (specify program)

36. Have you ever been in a 12-step program? (e.g., A.A., N.A., O.A., S.A., S.I.A.)

☐ No

☐ Yes (specify program and date)

37. Which platforms (e.g., LinkedIn, Instagram, TikTok, Reddit) do you open first every day?

38. What would you estimate is the average amount of time/day that you consume social media?

39. If you open the screen-time tracker built into your phone right now, what is your daily average for the last 7 days?

40. Out of every 10 minutes spent online, how many minutes are spent actively messaging/posting versus passively reading or watching?

41. Do you primarily consume a curated feed of people you know personally, or an algorithmically generated feed of strangers and short-form media?

42. Have there been days where your social media consumption took up so much time that you lost the day?

43. Do you believe you may have a problem with how much social media you consume?

44. Thinking about different aspects of your life—your work, your health, what goes on at home, how you spend free time—please rate how satisfied you are with the quality of your life within the last month.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

(1 = completely satisfied; 10 = completely dissatisfied)

45. Please rate your current level of stress (1-10). Please describe:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

(1-10)

46. I look forward to the future with hope and enthusiasm:

☐ True ☐ False ☐ Both

47. Would you say your current physical health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

48. Would you say your physical health throughout your life has been:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

49. Present or past disabilities or serious illnesses?

☐ No

☐ Yes (please specify with age on onset): _____

50. Medical problems that required surgery or serious accidents?

☐ No

☐ Yes (please specify with dates): _____

51. Have you ever been arrested?

☐ No ☐ Yes

If Yes, please explain:

_____

_____

52. Do you own a weapon?

☐ No ☐ Yes

If Yes, please explain:

_____

_____

53. In general, how would you describe your ability to control your anger:

☐ Very good ☐ Okay (worry about it sometimes)

☐ Not well (smash, break objects) ☐ Problematic (have hit people)

Please Explain:

_____

_____

54. Has there ever been a period of time when you were not your usual self and…

	Yes	No
…you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☐
…you were so irritable that you shouted at people or started fights or arguments?	☐	☐
…you got much less sleep than usual and found you didn't really miss it?	☐	☐
…thoughts raced through you head or you couldn't slow your mind down?	☐	☐
…you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
…spending money got you or your family into trouble?	☐	☐

55. Please state in detail what your present difficulties are, how long they have existed, and your reasons for seeking treatment at this time. Use as much space as you need.