

Name:	DOB (Age)
Relationship Status	Duration
Any Children? (Names & Ages)	Pets (fur children)?
Address	
Email	Referral Source
Mobile	Medicare
Work Status	Health Insurance
Next of Kin	Emergency Mobile
Completed Biography?	Completed Client Disclosure?

### **Biographic Information**

1) What brings you to therapy? My practice?

2) Have you had therapy before? If yes, when and how was it for you?

3) What are your specific therapy goals?

4) Rate your overall happiness on a scale from 1 (lowest) to 100 (highest)

5) What are your personal strengths?

6) What are your vulnerabilities?

7) What factors may have effected toward your current mental health?

- –Historic Factors

- –Current Factors?

- Personal Factors?

