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**HISTORY**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SPOUSE OR PARTNER \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_

**CURRENT MARITAL STATUS**

- Single                       Engaged                       Partnered                       Married
- Separated                       Divorced                       Remarried                       Widowed

WERE YOU FOSTERED OR ADOPTED?                       YES                       NO

Check any of the following that applied to you or your family during your childhood or adolescence:

- Anxiety problems                       Difficult childhood
- Anger problems                       Alcohol or drug problems
- Sexual orientation issues                       Depression
- Eating disorder                       School problems
- Family problems                       Behavior problems
- Physical abuse                       Medical problems
- Sexual abuse                       Learning disability
- Legal problems                       Gambling or other addictions
- Other problems \_\_\_\_\_

Is there a history of suicide or suicide attempts in your family?                       YES                       NO

Have you considered or attempted suicide?                       YES                       NO

Check any of the following stressors, which currently apply to you or someone close to you:

- Death in family                       Divorce
- Trouble with law                       Financial trouble
- Trouble with job/school                       Serious or chronic illness
- Mental illness                       Alcohol and/or drugs
- Sexual or gender issues                       Sexual abuse
- Interpersonal problems                       Eating Disorder
- Physical abuse                       Suicide
- Psychiatric Hospitalization                       Gambling or other addictions

Do you have a religious preference? \_\_\_\_\_