

Cynthia Ropek, M.A.

CONTACT INFORMATION

DATE _____

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Msg ok? _____ Best # to reach you? _____

Work Phone _____ Msg ok? _____ Best # to reach you? _____

Cell Phone _____ Msg ok? _____ Best # to reach you? _____

Emergency Contact _____ Phone _____

MD/Psychiatrist _____ Phone _____

Family members(W/Ages) _____

Referred by _____

BACKGROUND INFORMATION

Reasons for seeking therapy at this time (Circle all that apply):

- | | | | | |
|-----------------|-----------------|---------------------|------------------|--------------------------|
| General Anxiety | Grief and Loss | Relationship Issues | Life Transition | Substance Abuse |
| Depression | Parenting | Family Problems | Spiritual Issues | Trauma |
| Panic Attacks | Low Self Esteem | School Issues | Chronic Illness | Food/Eating Issues |
| Nightmares | Fear/Phobia | Job Issues | Stress | Suicidal Thoughts |
| Self-harm | Social Anxiety | Anger Issues | Personal Growth | Others suggested therapy |

Other (describe) _____

Causes of stress in your life: _____

Parts of your life or behavior you want to change: _____

Goals for Therapy: _____

Previous Therapy_____When and for how long?_____

Was it helpful? Why or why not?_____

Have you ever been hospitalized for mental health reasons?_____If so, when?_____

Please describe:_____

Please describe major losses or trauma:_____

Drug/Alcohol use (past and present):_____

Significant health conditions(past and present)_____

List medications you are now taking (Name/Dosage)_____

Do you have a religious affiliation or a spiritual path?_____

Are you in a primary relationship?_____If yes, how long?_____

Want to be in relationship?_____Do you have close friends:(circle) None One A few Many

Briefly describe history of romantic relationships:_____

Occupation:_____Education:_____

Who do you live with?_____