

Dr. Vivian Sierra, LLC

Please provide the following information and answer the questions below. Please note that the information here is protected as confidential information. Please fill out this form and bring it to your first session.

Client Basic Information

Name: _____ SS#: _____
 (Last) (First) (Middle Initial)

Please indicate the preferred way to send information or leave messages for you:

___ cell phone ___ home phone ___ work phone ___ home address _____

___ work address _____ other Please explain: _____

Please provide an emergency contact. Name _____ Phone _____

If you have children, please fill out the table below

Marital Status	✓	Referred by:	✓	Child's Name	Age
Never Married		Self			
Domestic Partnership		Insurance			
Married		Physician			
Separated		Counselor			
Divorced		Friend			
Widowed		Family			
		Other:			

If married, how long? _____ years _____ months

If in a domestic partnership, how long? _____ years ___ months

How long have you been in a relationship with your spouse/partner? ___ years ___ months?

Have you or your spouse been previously married? ___ yes ___ no Please, explain:

Is this your only domestic partnership for you or your partner? ___yes ___no Please, explain:

If either of you have been married before, please indicate the number of years/months for any previous marriage(s)? ___years ___ months

Dr. Vivian Sierra, LLC

Do either of you have children from a previous marriage or relationship? ___yes ___no If yes, please provide, name(s), age(s) and custody arrangement.

Patient Health History

1. How would you rate your current state of physical health?

___ Poor ___ Unsatisfactory ___ Satisfactory ___ Good ___ Great

2. Please list any current health problems you are experiencing/

3. How would you rate your current sleeping patterns? Your spouse?

___ Poor ___ Unsatisfactory ___ Satisfactory ___ Good ___ Great

4. On average, how many times do you exercise per week? _____ times /week

A. What types of exercise do you participate in (ex. Cardio, lifting weights, etc.)? _____

5. How would you rate your appetite or eating patterns?

___ Poor ___ Unsatisfactory ___ Satisfactory ___ Good ___ Great

A. If so, please describe your sleep-related issues: _____

Dr. Vivian Sierra, LLC

Please circle the most appropriate number describing your current circumstances

None of the time (1)	A little bit of the time (2)	Some of the time (3)	A good bit of the time (4)	Most of the time (5)	All of the time (6)
A. During the past month, how much of the time were you a happy person?					
1	2	3	4	5	6
B. How much of the time, during the past month, have you felt calm and peaceful?					
1	2	3	4	5	6
C. How much of the time, during the past month, have you been a very nervous person?					
1	2	3	4	5	6
D. How much of the time, during the past month, have you felt downhearted and blue?					
1	2	3	4	5	6
E. How much time, during the past month, did you feel so down that nothing could cheer you up?					
1	2	3	4	5	6

6. Are you currently experiencing overwhelming sadness, grief, or depression? ___ Y ___ N

A. If so, for approximately how long? _____

7. Are you currently experiencing anxiety, panic attacks or have any phobias? ___ Y ___ N

A. If so, for approximately how long? _____

8. Are you currently experiencing any chronic pain? ___ Y ___ N

A. If so, please describe: _____

B. If so, for approximately how long? _____

9. Do you drink alcohol more than once a week? ___ Y ___ N

A. Do you use alcohol or drugs to relieve stress? ___ Y ___ N

B. How often do you engage in recreational drug use?

___ Daily ___ Weekly ___ Monthly ___ Infrequently ___ Never

Are you currently in a romantic relationship? ___ Y ___ N

A. If so, for how long? _____

B. On a 1 – 10 scale, how would you rate your relationship? _____

Dr. Vivian Sierra, LLC

Have you experienced any of the following events in the last 12 months?

Event	✓	Event	✓
Death of a family member or friend		New responsibilities and car for elder parents	
Major legal troubles		DWI/DUI	
Accused of crime/victim of crime		Recent birth of a child	
Personal injury, illness or accident		Marriage	
Problem with friend or family member		Family injury, illness, or accident	
Abortion		Miscarriage	
Sexual harassment		Sexual abuse, rape	
Major change in financial status		Major geographic relocation	
Major change in employment status		Serious job-related problems	
Serious school-related problem		Change in close personal relationship (divorce, separation, break-up)	

Family Health History

In the section below, identify if there is a family history of any of the following. If so, please indicate the family member's relationship to you in the space provided (father, uncle, sister)

Behavior or Condition	✓	List Family Member(s)
Alcohol/substance abuse		
Anxiety		
Depression		
Domestic violence		
Eating disorders		
Obesity		
Obsessive Compulsive Behavior		
Schizophrenia		
Suicide attempts		
Other (indicate behavior/condition and relationship):		

Additional Information

1. Are you currently employed? ___ Y ___ N

A. If so, what is your current employment situation? _____

B. Do you enjoy your work? _____

Dr. Vivian Sierra, LLC

C. Is there anything stressful about your current work? _____

2. Do you consider yourself to be spiritual? ___ Y ___ N

A. If yes, describe your faith or belief: _____

3. What do you consider to be some of your strengths? _____

4. What do you consider to be some of your weaknesses? _____

Who do you consider to be a part of your support system?

Group	✓	Please List or Name Individuals or Groups
Immediate Family		
Extended family		
Friends		
Church		
Neighborhood		
Community		
Organizations		
Support groups/clubs		

5. Please list any activities or hobbies that you enjoy: _____

6. What do you hope to accomplish in therapy? _____
