Name: **Date:**

Please state, **in your own words, your reason for seeking treatment** *(use other side if necessary)*:

Please rate how much you were affected by the following in the week before your first appointment:

	Not At All	Mildly	Moderately	Severely	Extremely
Concerns about your body or physical health	____	____	____	____	____
Thoughts or behaviors you do over and over again	____	____	____	____	____
Unusually high energy	____	____	____	____	____
Feeling sad, blue or depressed	____	____	____	____	____
Anxiety, 'nerves' or tension	____	____	____	____	____
Anger, hostility, or irritability	____	____	____	____	____
Fears of things or places	____	____	____	____	____
Beliefs that others want to hurt you	____	____	____	____	____
Drinking too much or using drugs	____	____	____	____	____
Unreal, strange, or 'bizarre thoughts	____	____	____	____	____

Please check which best describes how well you are doing on your job:

0____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____

Not Working | Cannot Function | Serious Problems | Moderate Problems | Mild Problems | No Problems

Please check which best describes how well you are doing in your marital/significant other relationship:

0____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____

Not Applicable | Cannot Function | Serious Problems | Moderate Problems | Mild Problems | No Problems

Please check which best describes how well you are doing in your family relationships:

0____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____

Not Applicable | Cannot Function | Serious Problems | Moderate Problems | Mild Problems | No Problems

Please check which best describes how well you are doing in relationships with people outside your family:

0____ 1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____

Not Applicable | Cannot Function | Serious Problems | Moderate Problems | Mild Problems | No Problems

Please check which best describes your current physical health:

1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____

Very Poor | Excellent

Please check which best describes your general happiness and well-being:

1____ 2____ 3____ 4____ 5____ 6____ 7____ 8____ 9____

Very Poor | Excellent

Please describe your expectations for therapy, and what you hope to achieve in our meetings together *(use other side if necessary)*:

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