



Live, Work and Relate Well

PATIENT REGISTRATION

Please take a few minutes to complete this questionnaire prior to your first appointment. Each individual participant should complete a separate form. If you have questions, please call us at (520) 219-8377.

Current Personal Data

Today's Date

Name, Address, City, Date of Birth, Current Marital Status, Spouse's Name, E-Mail, Home Phone, Cell Phone, Work Phone, Spouse's Date of Birth, etc.

List all children of yours and your spouse's:

Table with columns: Name, Birth Date, Age, Sex, Birth/Step/Adopted/Foster

Name and relationship of anyone who lives with you:

Describe how you get along with those who live with you:

Highest Grade / Degree You Completed, Your Employer, How long at your job, Spouse's Employer, etc.

Medical and Psychological History

Primary Physician, Emergency Contact/Relationship, Current Medical Problems, Current Medications, Significant Medical History

Have you ever been hospitalized with a psychological condition? Y N Reason Hospital Date(s)

Do you have trouble sleeping? Y N Describe _____

How is your appetite? __Good __Poor __I eat when not hungry __Other _____

Do you drink alcohol or use recreational drugs? Y N How much/how often? _____

Have you received professional or pastoral counseling within the last five years? Y N

With Whom? _____ When? _____

Brief reason for seeing a counselor today: _____

Personal and Family History

If you have been married before, please list first name of former spouse and dates of marriage:

First Name _____ Married from _____ to _____ ___ Divorced ___ Widowed

First Name _____ Married from _____ to _____ ___ Divorced ___ Widowed

___ My mother is still living and is _____ years old. She lives in _____

___ My mother has been deceased since _____

Describe your relationship with her: _____

___ My father is still living and is _____ years old. He lives in _____

___ My father has been deceased since _____

Describe your relationship with him: _____

___ My parents are not / never were divorced

___ My parents divorced after ___ years of marriage when I was ___ years old

Growing up I lived with: (circle) biological parent(s) adoptive parent(s) step-parent foster parent(s) other _____

List siblings according to birth order (include yourself and step or half siblings)

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Birth/Step/Adopted/Foster</u>
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F
_____	_____	___	M / F	B / S / A / F

What do you think the therapist should know about your childhood? _____

Please list where you were born and the last two cities/states you have lived in:

Place of Birth _____ From _____ to _____

City/State _____ From _____ to _____

City/State _____ From _____ to _____

Referral Information

How did you hear about us? ___ Doctor ___ Employer ___ Internet Search ___ Familiar w/Counselor (Reputation)

___ Pastor /Church _____ ___ Family/Friend/Other Name _____

Would you like to receive the Relate Well weekly blog at the email address you provided above? Y N