

ISSUES AND BACKGROUND

Thank you for taking the time to complete this form. By providing this information, you will make our first session more productive and it will save you from having to answer many of these questions at that time. Please answer to the best of your ability and provide as much detail as you are able.

PLEASE COMPLETE ALL QUESTIONS

NAME:

DATE (DD/MM/YYYY): / /

Reason for seeking treatment at this time:

Current life stresses (please include anything that is currently stressful for you such as school, work, finances, relationships, etc.):

Sleep habits, or any issues with sleep:

(Please continue to the next page)

Medicines you are currently taking, including prescription, non-prescription and naturopathic:

Name of Medicine	Dose	Frequency (How often)	Additional Comments

Previously Diagnosed Psychiatric Illnesses (please include contact with other professionals, medications, types of treatment, etc.):

Family members that have been diagnosed with psychological/psychiatric illnesses. Please indicate the name, relationship and the diagnosis or brief description of the illness:

Name	Relationship	Diagnosis or Description of Illness

Suicidal Thoughts, Plans or Actions (Are you presently feeling like life is not worth living? Have you ever felt this in the past? Have you made any attempts on your own life?):

Physical Health/ Medical Problems (both past and current):

(Please continue to the next page)

Do you use drugs or illicit substances? (If yes, please provide details on past and current use):

Do you drink alcohol, smoke cigarettes or use tobacco, take any stimulant drinks, tea or coffee? (If yes, please provide type and amount):

Do you participate in any gambling or high-risk activities? (If yes, please provide details on past and current behaviours):

Are you an Aboriginal or Torres Strait Islander (please answer yes or no)?

Please describe your cultural/ethnic/religious background:

Please list your employment history, including past and present jobs, and any jobs you worked as a teenager:

Job Name	Approximate Dates or Age at the Time of Employment	Brief Description of Duties

(Please continue to the next page)

Please list any military history:

Please list any legal problems (include probation or incarcerations):

Please describe your strengths:

Please describe yourself:

Please describe your relationship with friends:

(Please continue to the next page)

Sexual orientation (please list gay, straight, bisexual, etc.):

Do you have a spouse or partner? (please provide name and age):

Do you have any children? (please provide names and ages):

Please provide any further details about your current living arrangements:

Place of birth:

Mother (Please provide name, age and work or career):

Father (Please provide name, age and work or career):

Brothers and Sisters (If yes, please provide name, age, marital status, work or career):

Are any members of your immediate family deceased? (If so, please provide age and cause of death if known)

(Please continue to the next page)

Memories of childhood at home:

Memories of childhood at school:

Have you had any significant separation from your parents in childhood? (If yes, please describe and include the effects it had on you):

Did you migrate to Australia from overseas? (If yes, please describe the experience of integration):

(Please continue to the next page)

Please list the highest grade you completed in schooling:

Please list any higher education or vocational training:

Please include any other relevant information:

(You may provide additional relevant information on the next page)

Any other relevant information (continued):