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650-641-0040**Confidential Information Form – PART 2

*Welcome to my practice. Please take a few minutes to fill out this form as completely as possible. It will help me in our work together. Information is confidential, as outlined in the Office Policy brochure. If you do not wish to answer any question, please simply write: “Do not care to answer.” Please print or write clearly and bring it to your first session. Thank you.*

PRELIMINARY ISSUES & previous therapy

What is the primary concern or problem for which you are seeking help?

What makes it better? What makes it worse?

Are there any ***immediate*** challenges or issues that need our attention? Yes/ No If yes, please describe:

Have you had previous counseling or psychotherapy? Yes/No From when to when? With whom?

What was your experience of therapy? (What was your previous therapy like?)

What was *most helpful* about your therapy?

What was *least helpful* about your therapy?

What did you learn about yourself through your previous therapy?

What do you expect from me and our work together?

EXPERIENCE: Individual-Interior

What are your strengths?

What are your weaknesses?

How would you describe your general mood/feelings?

What emotions do you most often feel most strongly?

What are the ways in which you care for and comfort yourself when you feel distressed?

How do you deal with strong emotions in yourself?

How do you respond to stressful situations and other problems?

How do you make decisions (for example, do you use logic and reason, or do you trust your gut and heart)?

Are you aware of recurring images or thoughts (either while awake or in dreams)? Yes/No If yes, please describe:

Have you ever attempted to seriously harm or kill yourself or anyone else? Yes/No If yes, please describe:

Are you *presently* experiencing suicidal thoughts? Yes/No If yes, please describe.

Has anyone in your family every attempted or committed suicide? Yes/no If yes, please describe.

Have there been any serious illnesses, births, deaths, or other losses or changes in your family that have affected you? Yes/No If yes, please describe.

What is your earliest memory?

What is your happiest memory?

What is your most painful memory?

Where in your body do you feel stress (shoulders, back, jaw, etc.)?

Do you have ways in which you express yourself creatively and/or artistically? Yes/No If yes, please describe:

Describe your leisure time (hobbies/enjoyment):

Have you ever been a victim of, or witnessed, verbal, emotional, physical, and/or sexual abuse? If yes, please describe.

In general, how satisfied are you with your life?

Not at all 1 2 3 4 5 6 7 Very

In general, how do you feel about yourself (self-esteem)?

Very bad 1 2 3 4 5 6 7 Very good

In general, how much control do you feel you have over your life and how you feel?

Not at all 1 2 3 4 5 6 7 Very

Please mark any of the following feelings or expressions you’ve had recently:

* angry
* sad
* lonely
* afraid
* anxious/worried
* shameful/guilty
* jealous
* happy
* grateful/thankful
* sexual/erotic
* excited
* energetic
* hopeful
* relaxed/peaceful
* difficulty concentrating
* little interest or pleasure in doing things
* poor or excessive appetite
* excessive tiredness
* feeling helpless
* having much more energy than normal
* thoughts racing through your head
* desire to harm yourself
* desire to harm someone else
* hearing or seeing things not actually there
* thoughts that seem strange but that you can’t seem to stop
* fear that someone is trying to harm you
* other emotions you often feel:

Behavior: Individual – Exterior

When was your last physical? \_\_\_\_\_\_\_\_\_\_\_\_\_Were there any noteworthy results (diseases, blood pressure, cholesterol, etc.)?

Have you ever suffered a head injury or other serious injury? Yes/No If yes, please describe:

What other significant medical problems have you experienced or are you experiencing now?

Please mark any of the following behaviors or bodily feelings that are true of you:

* Drink too much
* Use illegal and/or mind altering drugs
* Eat too much
* Eat too little
* Neglect friends and family
* Neglect self and your own needs
* Difficulty being kind and loving to yourself
* Act in ways that end up hurting yourself or others
* Lose your temper
* Seem to not have control over some behaviors
* Think about suicide
* Have difficulty concentrating
* Spend more money than you can afford to
* Crying
* Any other behaviors you would like me to know about?

In general, how would you rate your physical health?

Very poor 1 2 3 4 5 6 7 Excellent

Describe your current sleeping patterns (When do you sleep? How many hours per 24 hours? Do you sleep straight through or do you wake up during sleep time?).

Do you feel rested upon waking? Yes/No

Describe your usual eating habits (types of food, and how much).

Do you take vitamins and other nutritional supplements? Yes/No If yes, please describe.

Describe your drug and alcohol use (both past and present).

Do you engage in some form of exercise (aerobic and/or strength building)? Yes/No If yes, please describe.

Do you have any communication impairments (sight, hearing, speech)? Yes/No If yes, please describe.

Culture: Collective-Interior

Describe your relationships, including friends, family, and coworkers.

What is important and meaningful to you (what matters the most to you)?

In general, how satisfied are you with your friendships and other relationships?

Not at all 1 2 3 4 5 6 7 Very

In general, how comfortable are you in social situations?

Not at all 1 2 3 4 5 6 7 Very

In general, how satisfied are you with your religion/spirituality?

Not at all 1 2 3 4 5 6 7 Very

Which emotions were encouraged or commonly expressed in your family of origin?

Which emotions were discouraged or not allowed in your family of origin?

What emotions are most comfortable for you now?

What emotions are most uncomfortable for you now?

How do you identify yourself ethnically? How important is your ethnic culture to you?

How did your family of origin express love and care?

How does your current family express love and care?

How did you family of origin express disapproval?

How does your current family express disapproval?

Describe your romantic/love relationships, if any.

Describe your sex life. How satisfied are you with your sex life?

What beliefs do you have about sex? How important to you are those beliefs?

Do you have a religious/spiritual affiliation and/or practice Yes/No If yes, please describe.

What beliefs do you have about religion/spirituality? How important to you are those beliefs?

What are some of your most important morals? How important to you are those morals?

Describe any political or civic involvement in which you participate.

Describe any environmental activities in which you participate (recycling, conserving, carpooling, etc.).

Are you involved with any cultural activities or institutions? Yes/No If yes, please describe.

Have you ever been a victim of any form of prejudice or discrimination (racial, gender, etc.,) or felt the you were disadvantaged in terms of power and privilege in society? Yes/No If yes, please describe.

SOCIAL SYSTEMS: COLLECTIVE-EXTERIOR

Describe your current physical home environment. For example, describe the layout of your home, and other general conditions, such as, privacy, is it well-lighted? Do you have A/C, heating, etc.?

Describe your neighborhood. (is is safe/dangerous, nice/unpleasant, quiet/loud, etc.?

Describe your current social home environment (how would an outside observer describe how you get along with those who live with you?).

Describe your work environment (include coworkers and supervisors who directly affect you).

Do you have a romantic partner? Yes/No Have you been married before? Yes/No if yes, please describe.

Do you have pets? Yes/No How important are they to you?

Have you served in the military? Yes/No If yes, please describe.

Are you currently involved in a custody dispute? Yes/No If yes, please describe.

Have you had any involvement with the legal system (incarceration, probation, etc.)? Yes/No If yes, please describe.

What aspects of your life are stressful to you? Please describe.

What sort of support system do you have (friends, family, or religious community who help you in times of need)?

What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How satisfied are you with the type of work you do?

Not at all 1 2 3 4 5 6 7 Very

What is your yearly income? $\_\_\_\_\_\_\_\_\_ per year. How satisfied are you with your standard of living?

Not at all 1 2 3 4 5 6 7 Very

Describe any family history of mental illness.

Are you involved with any organizations? Yes/No If yes, please describe.

Do you participate in any volunteer work? Yes/No If yes, please describe.

Please mark any of the following that you experienced difficulty or problems with. Also indicate to the right of the problem in the parentheses ( ) your approximate age when the difficulty or problem occurred:

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ | Nursing and/or eating | ( ) |
| \_\_\_\_\_ | Toilet training | ( ) |
| \_\_\_\_\_ | Crawling or walking | ( ) |
| \_\_\_\_\_ | Talking | ( ) |
| \_\_\_\_\_ | Nail biting or other nervous habits | ( ) |
| \_\_\_\_\_ | Going to school/separating from caregivers | ( ) |
| \_\_\_\_\_ | Serious illnesses or injuries | ( ) |
| \_\_\_\_\_ | Academic problems | ( ) |
| \_\_\_\_\_ | Social problems | ( ) |
| \_\_\_\_\_ | Moves or other family stresses | ( ) |
| \_\_\_\_\_ | Abuse (emotional, physical, or sexual) | ( ) |
| \_\_\_\_\_ | Any problems with sexual maturation | ( ) |
| \_\_\_\_\_ | Being made fun of or joked about at school, home, or elsewhere  | ( ) |
| \_\_\_\_\_ | Self-destructiveness (risky sex, eating problems, drug use, excessive risk-taking, etc.) | ( ) |
| \_\_\_\_\_ | Fitting into social groups | ( ) |
| \_\_\_\_\_ | Standing up for what you believe in when it differs from your peers’ views | ( ) |
| \_\_\_\_\_ | Making important decisions, especially when they differ from social norms | ( ) |
| \_\_\_\_\_ | Any existential dilemmas | ( ) |
| \_\_\_\_\_ | Any religious and/or spiritual experiences (these could be completely positive) | ( ) |

The following is a list of various parts, aspects, or subpersonalities that many people notice within themselves in certain situations, but not in others. Please mark any of the following that you have experienced difficulty or problems with. Often, it is only after the fact that we notice that we were behaving, thinking, or feeling in a problematic manner. Also, please indicate to the right of the problem the situation or context in which you noticed this part of yourself.

* Irresponsible child
* Critical parent
* Dominating “top dog”
* Prone-to-fail “underdog”
* Overly harsh judge or critic
* False or phony self
* Unworthy, not-good-enough self
* Grandiose, better-than-everyone-else self
* Other, please describe:

Is there anything else that you want me to know about you? (Use the back of the page if you need to.)