



HOPE Counseling Center
Healthy Outcomes for Personal Enrichment
Clinical Supervisor, Darlene Davis, Licensed Marriage and Family Therapist #40875

Rank in order the top three concerns that you have in your family dynamics (#1 = most problematic)

1. _____
2. _____
3. _____

Are there any cultural, religious, spiritual, or ethnic factors for your family that you would like me to be aware of? Yes No

If yes, please describe: _____

Has there been any verbal, emotional, physical, or sexual abuse that has happened to any member of the family? Yes No If yes, who? _____

If yes, was the assailant someone you knew? Yes No

When did this happen? _____

Where is this person now? _____

Has any member of the family ever had any legal issues? Yes No

If yes, who? _____

If yes, please describe: _____

Is anyone in the family currently experiencing any suicidal thoughts? Yes No

Who? _____

Have you had a suicidal attempt? Yes No

If yes, date of last attempt and treatment: _____

Has anyone in your family ever been treated for psychiatric reasons? Yes No

If yes, please describe who and the circumstances: _____

Does anyone in your family have any know mental health diagnoses? Yes No

If yes, please describe who and their diagnosis: _____

Does your family have a medical provider? Yes No

Name _____ Phone: _____

Do you or any member of the family have any medical issues? Yes No

If yes, please describe and who: _____



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Please list any medications you or a member of the family is currently taking, or have taken during the past 6 months. (Include prescribed and over the counter medications)

Medication	Dosage	Used for	Family Member

Please share information about substance use by **you or other people in the family.**

Substance	Who? Self or Other (identify relationship)	How much and how often	When last used?	Age started using
Caffeine				
Tobacco				
Alcohol				
Marijuana/Pot				
Cocaine/Crack				
Opiates/Narcotics (i.e. pain killers)				
Barbiturates/Sedatives/Tranquilizers				
Amphetamines/Stimulants				
Hallucinogens/LSD/Psychedelics				
Other:				

Are there any other agencies involved with the family (DCFS, Child Welfare, Family Courts etc)? _____

Any other information you think is important for me to know? _____
