



# RELATIONSHIP SPECIALISTS

*Adult, Couple and Child Counselors*

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*Please fill out this form as thoroughly as possible. You can use the "tab" key to move to the next field.*

## PERSONAL INFORMATION

Name:

Age:

Birth date:

Home address:

Email address:

Home telephone:

Work telephone:

Occupation:

Workplace:

Marital Status:    Single        Couple        Married        Separated        Divorced        Widowed

## FAMILY INFORMATION

*Please fill out name, age, and address for all family members:*

Name

Age    Address

Spouse or partner's name:

Children and stepchildren:

Mother:

Father:

Stepmother:

Stepfather:

Sisters or stepsisters:

Brothers or stepbrothers:

## MEDICAL INFORMATION

Physician's name:

Address:

Phone:

Current Prescription Medications:

Reason:

Non-prescription medications:

Reason:

## CURRENT USE OF ALCOHOL AND DRUGS

How much alcohol do you drink on a regular basis?      Daily      Weekly      Occasionally

Use of other drugs (marijuana, cocaine, nicotine, caffeine)      Daily      Weekly      Occasionally

Past use of alcohol and drugs:

    On a daily basis – how long ago?

    On a weekly basis – how long ago?

    On an occasional basis – how long ago?

Have you ever participated in AA or NA?      Yes      No      How long ago?

Have you ever been in alcohol or drug related counseling?      Yes      No

## PLEASE DESCRIBE ANY OF THE FOLLOWING THAT APPLY TO YOU OR ANY MEMBER OF YOUR IMMEDIATE OR EXTENDED FAMILY

Alcoholism or drinking problems:

Addiction or drug abuse:

Headaches or ulcers:

Suicide gestures or attempts:

Psychiatric hospitalizations:

### PAST EXPERIENCE IN THERAPY

Have you been in therapy before?                      Yes                      No

If so, how was therapy helpful?

If you were disappointed in your past experiences in therapy, in what way do you hope working with us will be better?

Were you referred to us?                      Yes                      No    If yes, by whom?

What problems are you facing and how would you like to resolve them?

Is there anything else you would like to tell us?

***PLEASE NOTE:*** When you have finished filling out this form, please rename the completed form (for example “Jane Doe’s intake form”) and save the completed file. To submit the form, enclose it in or attach it to an email addressed to [Bob.Handelman@Valley.net](mailto:Bob.Handelman@Valley.net).

*Thank you for your cooperation.*