

RELATIONSHIP SPECIALISTS
Adult, Couple and Child Counselors
24 Bullock Road
Norwich, Vermont 05055
Phone: (802) 649-1030 FAX (802) 649-5240
E-mail: Bob.Handelman@Valley.Net
www.relationshipspecialist.com

PERSONAL INFORMATION

NAME

AGE

HOME ADDRESS

BIRTHDATE

YOUR EMAIL ADDRESS:

TELEPHONE

HOME

WORK

OCCUPATION

WORKPLACE

STATUS: SINGLE___COUPLE___MARRIED___SEPARATED___DIVORCED___WIDOWED___

SPOUSE OR PARTNER'S NAME

OCCUPATION

PLEASE FILL OUT NAME, AGE, AND ADDRESS FOR ALL FAMILY MEMBERS:

CHILDREN

NAME

AGE

ADDRESS

MOTHER

NAME

AGE

ADDRESS

FATHER

STEP-MOTHER

STEP-FATHER

SISTERS

NAME

AGE

ADDRESS

BROTHERS

NAME

AGE

ADDRESS

STEP-SISTERS

NAME

AGE

ADDRESS

STEP-BROTHERS

MEDICAL INFORMATION

PHYSICIAN'S NAME

ADDRESS

PHONE

CURRENT MEDICATIONS (P RESCRIPTIONS)

RELATED CONDITION

NON-PRESCRIPTION MEDICATIONS

RELATED CONDITION

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 ___ NA ___

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 BY WHOM?

WHAT PROBLEMS ARE YOU FACING AND HOW WOULD YOU LIKE TO RESOLVE THEM?

SIGNATURE

DATE

THANK YOU FOR YOUR COOPERATION.