



11340 W Olympic Blvd, Suite 265 | Los Angeles, CA 90064 | Phone: (310) 478-0411 | Fax: (310) 478-0405 | genwell.org

Please provide the following information, answer the questions below, and bring this to your first session.
Note that all of the information gathered here is confidential and protected by law.

BASIC INFORMATION

NAME: _____
[Last, First, Middle Initial]

NAME OF PARENT/GUARDIAN (if under 18 years):

[Last, First, Middle Initial]

BIRTHDATE: _____ AGE: _____

COMPLETE ADDRESS: _____

HOME PHONE: _____ MAY WE LEAVE MESSAGE? YES NO

MOBILE/OTHER PHONE: _____ MAY WE LEAVE MESSAGE? YES NO

EMAIL: _____ MAY WE EMAIL YOU? YES NO

**Please note: Email correspondence is not considered to be a confidential medium of communication.

REFERRED BY (if any?): _____

FAMILY COMPOSITION (List yourself and any other family members who may participate in therapy sessions.)

NAME	AGE	RELATIONSHIP

MENTAL HEALTH BACKGROUND

1. What issues caused you to seek treatment? _____

2. If you've been in treatment before, how would you describe the experience?

3. Are you currently experiencing sadness, grief, or depression? YES NO

If so, please describe: _____

4. Are you currently taking any prescription medication for anxiety or depression? YES NO

If yes, please identify: _____

5. Have you ever attempted suicide or had suicidal thoughts? YES NO

If so, please describe the circumstances connected to this: _____

6. Have you ever been hospitalized for suicide attempts or other mental health issues? YES NO

If so, describe the issue(s) and provide details, dates, and the name(s) of therapist(s)/doctor(s)/facility(s): _____

7. Have you ever been the victim of a violent crime (physical, emotional, or sexual)? YES NO

If so, please describe: _____

GENERAL HEALTH BACKGROUND

1. How would you rate your current physical health? (Please circle one)

POOR GOOD GREAT

Please list/briefly describe health problems you are currently experiencing: _____

2. How would you rate your current sleeping habits? (Please circle one)

POOR GOOD GREAT

If you circled "poor," please describe: _____

3. How many times per week do you exercise? _____

What types of exercise do you participate in? _____

FAMILY/RELATIONSHIP BACKGROUND

Are you currently in a romantic relationship? YES NO

If yes, for how long? _____

On a scale of 1 – 10, how would you rate your relationship? _____

In this section, identify if you or a family member have experienced any of the following: (2 COLUMNS)

	YOU?	FAMILY MEMBER?
Alcohol/Substance Abuse		
Obesity		
Obsessive Compulsive Behavior		
Addiction to Pornography		
Eating Disorders		
12-Step Programs		
Domestic Violence		

ADDITIONAL INFORMATION

1. Are you currently employed? YES NO

If yes, what is your profession? _____

Is there anything stressful at work? _____

2. Do you have a religious or spiritual practice? YES NO

If yes, please describe: _____

3. How will you know when/if therapy has been successful?

