Pathways to Change, LLC
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Information Form

Date:

Name:	Age:	Date of Birth:
Address:		
Home Phone:	Cell Phone:	Work Phone:
Referred by:	Emergency Contact:	Phone:

Family and Relationship Information

Are you: married☐ single☐ with partner/significant other☐ divorced☐ separated☐ widowed☐

Family Members, Significant Others and Household Members					
Name	Age	Relationship	Living with you?		
			Yes ☐	No ☐	Part Time ☐
			Yes ☐	No ☐	Part Time ☐
			Yes ☐	No ☐	Part Time ☐
			Yes ☐	No ☐	Part Time ☐
			Yes ☐	No ☐	Part Time ☐
			Yes ☐	No ☐	Part Time ☐
			Yes ☐	No ☐	Part Time ☐

Current Concerns and Symptoms

Please describe your concerns that brought you to counseling:

Please describe any things that you have found helpful in dealing with your concerns.

Education, Employment, and Volunteer Information

Educational history: _____
Place of employment: _____Position_____
Full time parent?_____ Any volunteer work:_____

Medical Information

Please describe any medical conditions that you have now or significant ones from the past. Please list any medications that you take now and the condition for which you have been prescribed the medication.

Abuse History

Please describe any abuse (physical, sexual, emotional, verbal) that you have experienced

Mental Health and Substance Abuse History

Have you received mental health or substance abuse treatment? If so, please write down the location, provider and dates attended. Please also add any information about that treatment that you feel may be helpful for returning to therapy.

Cage-Aid questionnaire:

1. Have you ever felt that you ought to cut down on your drinking or drug use? Yes☐ No☐
2. Have you ever had people annoy you by criticizing your drinking or drug use? Yes☐ No☐
3. Have you ever felt bad or guilty about your drinking or drug use? Yes☐ No☐
4. Have you had a drink or used drugs as an eye opener first thing in the morning to steady your nerves or get rid of a hangover, or to get the day started? Yes☐ No☐

Please describe your typical use of alcohol, drugs and smoking.

Do you have any relatives that have received mental health or substance abuse treatment or who were recommended to seek therapy, but did not? Please describe either situation

Legal History

Please describe any involvement with the legal system excluding minor traffic accidents:

Safety Concerns

Have you ever had suicidal or self-injurious thoughts or feelings? Yes☐ No☐ Do you currently?_____
If yes, do you have a suicide plan? Yes☐ No☐
Have you ever tried to commit suicide or engaged in self injurious behavior in the past? Yes☐ No☐

If you answered "yes" to any of these questions, please describe, including the date and method, if applicable.

Do you now or have you in the past had thoughts or engaged in behavior to harm others or property?
Yes☐ No☐. If yes, please, describe. _____

Other Information that you would like to add: