

Kathy Grayson MFT
Somatic Therapy and Counseling

Please fill out this biographical background as thoroughly as possible. Information is confidential. If you do not wish to answer a question you can leave it blank. Please write legibly. If you need more space feel free to write on the back.

Name:

Address:

Phone:

Can I leave a message at this number ? Yes or No

Email address:

Birthdate:

Gender:

Who do you live with?

Who can I contact if there is an emergency?

What do you do to feel good and take care of yourself?

What is your reason for coming to therapy at this time?

What are you hoping will change in therapy?

What was your childhood like?

Who was in your family of origin?

Are you still in touch with your family of origin?

When did you leave home?

Are you in a primary relationship? Have you been in long term relationships?

For how long and in what ways does the relationship support you and not support you?

Do you have any children?

Have you had any traumas in your life? If so, describe briefly

Have you been in therapy before? If so, when?

What was helpful about the therapy?

What would you have liked to be different?

Past or present drug/alcohol use or abuse? If so what?

Do you have any major health concerns?

Are you taking any medications? If so, what?

Are you involved in any current or pending civil or criminal litigations/lawsuits/ or divorce or custody disputes? (If yes, please explain)

Level of anxiety: on a scale of 1 to 10 with 1 being no anxiety and 10 being extremely high.

Level of depression: on a scale of 1 to 10 with 1 being not depressed and 10 being extremely depressed.

Level of stress: on a scale of 1 to 10 with 1 being not stressed and 10 being extremely stressed

Please bring this form to your first session. Thank you