

Kelley O’Gorman, MA, CGAC II

Individual and Couples Therapist

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Please provide the following information. This information will help me provide you with the best services possible. Please answer all questions to the best of your ability. Information you provide here is held to the same standards of confidentiality as our therapy. Please print out this form and bring it (completed) to your first session. If you are unable to print and complete this form, please allow yourself 20 minutes prior to your first appointment to complete the form in my office.

Client’s Full Legal Name:

(Last) (First) (Middle Initial)

D.O.B. (MM/DD/YYYY): _____ Gender: Male Female

Home Address:

Home Phone: _____

May I leave a message? yes no

Cell/other Phone: _____

May I leave a message? yes no

Contact E-mail: _____

May I email you? yes no

*Please be aware that e-mail may not be confidential

Referred By:

Are you currently receiving psychiatric services, professional counseling or therapy elsewhere? yes no

If yes, where?

Have you had previous psychiatric services, professional counseling or therapy? yes no
If yes, please provide previous therapist’s name:

Are you currently taking any prescribed psychiatric medications (i.e. antidepressant?)

yes no

If yes, please list current medications and dosage:

If no, have you been previously prescribed psychiatric medications? yes no

If yes, please list:

HEALTH AND SOCIAL INFORMATION

How would you describe your current physical health?

Poor Unsatisfactory Satisfactory Good Very Good

Please list any persistent physical symptoms or health concerns (i.e. chronic pain, headaches, hypertension, asthma, diabetes, vision or hearing problems).

Are you having difficulties with your sleeping habits? yes no

If yes, check where applicable:

sleeping too little - sleeping too much - poor sleep quality - difficulty falling or staying asleep - waking up too early - nightmares - distressing dreams - other

How many times per week do you exercise? _____

What type of exercise do you do? _____

Any changes/problems with appetite or eating habits? yes no

If yes, check where applicable:

Eating less Eating more Binging Restricting

Have you experienced significant weight change in the last 2 months? yes no

Have you ever used drugs or alcohol? yes no

If yes, please describe:

Substance Amount Frequency (i.e. daily, weekly) Last Use:

Have you ever experienced any of the following? (Please check all that apply)

- Extreme depressed mood
- Wild Mood Swings
- Rapid Speech
- Racing Thoughts
- Hallucinations (auditory, visual, tactile)
- Delusions
- Sleep Disturbances
- Frequent Body Complaints
- Repetitive Thoughts (i.e. Obsessions)
- Repetitive Behaviors (i.e. hand washing)
- Suicidal Thoughts/Thoughts of Self-Harm Homicidal Thoughts

Please indicate which of the following issues/problems you would like to address in therapy:

- | | |
|-----------------------|-------------------------|
| Depression | Lack of friends |
| Anxiety/Panic Attacks | Grief/Loss |
| Mood Swings | Problems at School |
| Phobias | Sleep Disturbance |
| Family Conflict | Life Change |
| Stress | Alcohol/Substance Abuse |

Traumatic Event Victim of Abuse (physical or sexual)

Other:

FAMILY MEDICAL/PSYCHIATRIC INFORMATION

Has anyone in your family had a serious medical condition? yes no

If yes, please explain:

Has anyone in your family (immediate or close relatives) experienced difficulties with the following? Please check all that apply and only for blood relatives:

Depression yes no

Bipolar Disorder yes no

Anxiety Disorders yes no

Panic Attacks yes no

Schizophrenia yes no

Alcohol/Substance Abuse yes no

Eating Disorders yes no

Learning Disabilities yes no

ADHD yes no

Trauma History yes no

Suicide Attempts yes no

OCCUPATIONAL /SCHOOL INFORMATION

Are you currently a student? yes no

If yes, school's name and current grade: _____

Are you currently employed? yes no

If yes, what is your current position? _____

Please list any school/work-related stressors:

If there is anything you think would be important for me to know that I did not ask about, please write it here:
