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Please fill out this form as completely as possible. This will make it unnecessary to ask you routine questions and will save time for more important discussions. All material is confidential and will not be released without your written request.

Today's date:

Name:	**Birthdate:**	**Age**
Address:	**City:**	**Zip**

Telephone: Home: **Best time to Call:**	**Work:** **Best time to Call:**	**Other:** **Best time to Call:**

Occupation:	**How long:**	**How long in present job:**
Employer:	**Address:**	

Health Insurance Carrier:

Birthplace:	**Religion:**	**Military Service: Branch & Dates**
How long have you lived in this area?		**Last school grade completed:**

Relationship Status: **How long in present status?**
☐**Single** ☐**Married / Partnered** ☐**Divorced** ☐**Separated** ☐**Other**

If you have been married more than once, please list the dates of marriages and whether each marriage ended by divorce, death or annulment:	**Number of children, if any, and their names and ages. Please indicate those who live with you.**
First: _____ to _____ **Terminated by:** **Second: _____ to _____** **Terminated by:**	

PLEASE LIST THE NAME OF THE PERSON OR AGENCY WHO REFERRED YOU:

CONCERNS:

1. What is the major reason you are seeking help at this time?

2. How long have these things been bothering you? Did they start gradually or suddenly?

3. What do YOU think is causing the problem?

4. What have you tried to do so far? How has that worked?

5. What objective do you have <u>for yourself</u> as a result of being in therapy?

continue on next page

Have you been in therapy before? If so, when and with whom?

DATE	THERAPIST	LOCATION	LENGTH OF TREATMENT	TYPE OF TREATMENT	RESULTS
1.					
2.					
3.					

Check all items below that apply to your present condition:

- ☐ Headaches
- ☐ Dizziness
- ☐ Stomach trouble
- ☐ Bowel trouble
- ☐ Feel tense
- ☐ Irritable
- ☐ Unusual thoughts
- ☐ Strange experiences
- ☐ Weight change
- ☐ Always tired
- ☐ Can't go to sleep
- ☐ Can't stay asleep
- ☐ Other:
- ☐ Nightmares
- ☐ Sexual problems
- ☐ Financial problems
- ☐ Depressed
- ☐ Panicky feelings
- ☐ Tremors or tics
- ☐ Always worried
- ☐ Unable to relax
- ☐ Feel worthless
- ☐ Can't make decisions
- ☐ Thoughts of suicide
- ☐ Ready to explode
- ☐ Unable to work well
- ☐ Can't get interested
- ☐ Drink excessively
- ☐ Excessive use of drugs
- ☐ Unable to have a good time
- ☐ Trouble concentrating
- ☐ Can't make friends
- ☐ Can't keep friends
- ☐ Feel apart from people
- ☐ Fear things I shouldn't
- ☐ Conflict within family
- ☐ Fear I will lose self-control

What medications have you used during the last year?	Frequency and Amount?

Do you drink alcohol, smoke cigarettes or marijuana, or use other mood altering drugs?	Frequency and Amount

What serious medical problems, surgery, or accidents have happened to you? When?

Have you had any legal difficulties?

continue on next page

PLEASE COMPLETE THE FOLLOWING IF YOU HAVE SPECIFIC SEXUAL CONCERNS:

Identification of Concerns: ***Please indicate both your own concerns and your partner's.***

Female Concerns:	Male Concerns:
☐ Low level or lack of interest in sex	☐ Low level or lack of interest in sex
☐ Non-arousal, no lubrication	☐ Rapid or premature ejaculation
☐ Lack of orgasm with partner	☐ Unable to have an erection
☐ Lack of orgasm alone	☐ Unable to maintain an erection
☐ Pain with intercourse	☐ Only able to have a partial erection
☐ Difficulty with entry in intercourse	☐ Unable to ejaculate during intercourse
☐ Difference in sex drive in relationship to partner	☐ Difference in sex drive in relationship to partner
☐ Relationship or marital difficulties	☐ Relationship or marital difficulties
☐ Other, please specify: _____	☐ Other, please specify: _____
_____	_____

How long have you had this problem? Under what circumstances is this a problem for you?

Are there occasions when it is *not* a problem?

What do you think is causing the problem?

Are there any marital or relationship difficulties? ☐ **Yes** ☐ **No** ***If yes*, explain:**

When did these difficulties start?

If not married, do you have a regular sexual partner? ☐ **Yes** ☐ **No**
***If no*, do you find it hard to meet partners? Please explain:**

Comments: