

You and Your Family's Mental Health History

Have you or anyone in your family (immediate family members or relatives) experienced difficulties with the following? For any 'yes' answers, please indicate to whom you are referring and provide more details.

Self-harming behavior: Yes No (If yes, what methods?)

Depression: Yes No

Bipolar Disorder (manic depression) Yes No

Anxiety: Yes No

Panic Attacks: Yes No

Alcohol/substance abuse: Yes No

Eating disorders: Yes No

Learning disabilities: Yes No

Suicide attempts/completions: Yes No

Schizophrenia: Yes No

What are your hopes and goals in therapy? Please be as specific as you can.