

## Welcome to the Psychology Practice of Carol Hamilton, Psy.D.

**PLEASE HELP ME TO UNDERSTAND YOU AND YOUR CONCERNS BETTER BY COMPLETING THIS INITIAL HISTORY FORM. Your responses are confidential. Because email is not HIPAA compliant, please mail this completed form to PO Box 55970/ Portland, Oregon 97238-5970**

WHAT MOTIVATED YOU TO SEEK COUNSELING AT THIS TIME?

HOW DO YOU WANT YOUR LIFE TO CHANGE AS A RESULT OF YOUR EFFORTS IN THERAPY?

WHAT THERAPY EXPERIENCES HAVE YOU HAD IN THE PAST? WHAT WAS HELPFUL AND WHAT WAS NOT?

If you have received mental health diagnoses in the past, what were they and how old were you when you were given that diagnosis? Looking back, do you agree with those diagnoses?

IF YOU KNOW WHAT THERAPEUTIC APPROACH YOU DESIRE, PLEASE DESCRIBE IT. \_\_\_\_\_

**PLEASE CIRCLE ANY OF THE FOLLOWING TECHNIQUES THAT YOU MIGHT FIND INTERESTING OR HELPFUL IN YOUR TREATMENT. CROSS OUT TECHNIQUES THAT DO NOT INTEREST YOU.**

TALK THERAPY    BEHAVIOR THERAPY    GRIEF WORK  
SOMATIC EXPERIENCING (SE)    DREAMWORK    SAND TRAY THERAPY  
EMDR (EYE MOVEMENT DESENSITIZATION AND REPROCESSING)  
FAMILY THERAPY    COUPLES THERAPY    IMAGERY/ HYPNOTHERAPY  
ART THERAPY    POETRY    YOGA THERAPY    MINDFULNESS  
MEDITATION    DRUG OR ALCOHOL TREATMENT  
OTHER (PLEASE DESCRIBE):

What if any psychiatric medications/supplements are you currently taking? If yes, how are they helping? How?

What if any psychiatric medications have you taken in the past? Did any of them NOT work for you?

What other medications or nutritional supplements are you taking?

What forms of exercise/wellness activities do you regularly engage in?

What physical exercise would you like to be doing if you are not already doing it?

How is your physical health? What are your current health concerns?

What serious illnesses, accidents, surgeries, or other medical conditions have you had? Please give approximate dates. (Continue on to the reverse side if needed.)

Are you currently being treated for any health condition or have you overcome a health challenge? If so, please describe. Please also give the name of the health practitioner/treating you. Include Western and Alternative health care providers.

Would you like me to contact any of these providers? If yes, I will have you sign a separate consent form.

Are you aware that your participation in treatment is completely voluntary, and that you are free to remain in treatment or discontinue it at any time? (CIRCLE ONE)

YES

NO

**Family History:**

What cultural and ethnic identities are important to you and/or your family?

What attitudes do you and/or your family have towards seeking mental health treatment?

Please describe any physical illnesses that “run in the family” and who had them.

Please describe any mental health illnesses that family members have had. Also note if you spent time in childhood or adolescence with mentally ill caretakers.

**General Family Health History**

Please describe the health of family members and any known medical or psychiatric illnesses

Mother	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10
	Deceased      Very unhealthy      healthy      Very Healthy
Father	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10
	Deceased      Very unhealthy      healthy      Very Healthy
Siblings	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10
_____	Deceased      Very unhealthy      healthy      Very Healthy
	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10
_____	Deceased      Very unhealthy      healthy      Very Healthy
	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10
_____	Deceased      Very unhealthy      healthy      Very Healthy
	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10

_____	Deceased	Very unhealthy	healthy	Very Healthy	
Paternal Grandparents					
PGM	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy		Very Healthy
PGF	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy		Very Healthy
Maternal Grandparents					
MGM	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy		Very Healthy
MGF	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy	Very Healthy	
Spouse or partner					
	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy	Very Healthy	
Children					
_____	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy	Very Healthy	
_____	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy	Very Healthy	
_____	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy	Very Healthy	
_____	0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10				
	Deceased	Very unhealthy	healthy	Very Healthy	

**Health Habits: Please circle the number that best describes how you view your health habits.**

How would you rate your diet?  
 0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
 Very unhealthy Very Healthy

How do you rate the amount of daily exercise you get?  
 0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
 None: Very unhealthy Lots (Very Healthy)

How much do you smoke tobacco?  
 10.....9.....8.....7.....6.....5.....4.....3.....2.....1.....0  
 >1 pack/day Don't smoke

How much do you drink (Circle the number of drinks/day)?  
 10.....9.....8.....7.....6.....5.....4.....3.....2.....1.....0

How often do you use recreational drugs?  
 0...1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
 Never Frequently

How would you rate your physical health?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Very unhealthy Very Healthy

How would you rate your mental health?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Very unhealthy Very Healthy

How would you rate your spiritual health?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Very unhealthy Very Healthy

How would you rate your emotional health?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Very unhealthy Very Health

How concerned are you about other family members health status?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Not at all Concerned every day

## Social and Family Relationships

How do you rate your dating, marital or intimate relationship/s?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 NA  
Very unsatisfying Very Fulfilling

How do you rate your job satisfaction?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 NA  
Very unsatisfying Very Fulfilling

How do you rate your satisfaction with your social life?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 NA  
Very unsatisfying Very Fulfilling

How do you rate your satisfaction with your role as a parent?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 NA  
Very unsatisfying Very Fulfilling

How do you rate your satisfaction with your role as a grandparent, foster parent, stepparent, or caregiver?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 NA  
Very unsatisfying Very Fulfilling

Very unsatisfying Very Fulfilling

How do you rate your overall life satisfaction right now?  
0....1.....2.....3.....4.....5.....6.....7.....8.....9.....10  
Very unsatisfying Very Fulfilling

What Major traumatic life events continue to feel unresolved or could benefit from further resolution in therapy? (Briefly) Don't traumatize yourself in how you answer this please.

Where do you consider "home"? What about that place makes it feel like home?

Please list your favorite pastimes and hobbies:

Please list some of your talents and abilities:

What are some of the items on your "bucket list" that you hope to experience in your life.

**What else would you like me to be aware of that I did not ask about?**

**Write on the reverse side of the page!** If there are issues that you are not comfortable writing down, please feel free to discuss them verbally and confidentially during your therapy time. Thank you for taking the time to answer these questions. Your responses are valued.