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Date: _____ Referred By: _____

I. IDENTIFYING DATA

- a. Patient Name: _____ D.O.B. _____ Sex: M F
b. Marital Status: Married Divorced Widowed Single Separated
c. Spouse's Name: _____ When Married? : _____
d. Names of People Who Live With You:
Name: Relationship: Occupation: Age:

- e. Employment
What is your occupation?

Are you working at present? Yes No
If Yes: Full-Time Part -Time

How long have you held your current job?

II. PRESENTING PROBLEM

- a. Briefly describe the problem that has caused you to seek counseling.

- b. How long has this difficulty been going on?

- c. What are the stressors in your life that contribute to the problem?

- d. What would you like to accomplish in therapy?

III. HISTORY

a. Developmental

1. Where were you born? _____

2. Where were you raised? _____

3. Were you an active child? Yes No

4. Did you have friends? Yes No

5. Was your family intact? Yes No

If no, what were the events that disrupted the family?

Death Divorce Illness Other _____

6. Were there any unusual circumstances in your childhood, such as

Accidents _____

Illnesses _____

Several moves necessitating changing schools _____

Other _____

7. Did you have any of the following behaviors as a child? Indicate age.

Frequent Temper Outbursts Excessive Fears

Frequent Nightmares Bed Wetting

Excessive Shyness Fire Setting

Other _____

Explain _____

8. As a teenager, did you have any of the following problems? Indicate age.

Trouble with the Police Alcohol Use

Trouble with School Authority Drug Use

Running Away from Home Truancy

Unwanted Pregnancy (self/girlfriend) Criminal Acts

Other _____

Explain _____

b. Academic

1. What is the highest level of education you have completed? _____

2. Are you currently in school? _____ If so, where? _____

3. What are your grades like in school? _____

4. Did you participate in extracurricular activities? _____ If yes, give examples _____

c. Family

1. Has there been any physical abuse or domestic violence in your family?

Yes Denied

If yes, were you the Victim Perpetrator Both Neither

2. Has there been any sexual abuse in your family?

Yes Denied

If yes, were you the Victim Perpetrator Both Neither

3. How are your relationships with the following

Father _____

Mother _____

Children _____

Siblings _____

Peers _____

4. Have any of your relatives suffered from the following problems? If so, please identify relative.

Alcoholism _____
 Drug Addiction _____
 Depression _____
 Anxiety, Fears, Phobias _____
 Bi Polar Disorder _____
 Suicide or Attempted Suicide _____
 Other Psychological Problems _____

d. Medical

1. Primary Care Physician _____
2. Is PCP your source of referral? Yes No
3. Do you want PCP to be notified you are in therapy? Yes No
4. Describe any medical problems you have _____

5. How long ago was your last physical? _____
6. Are you on any medications currently? Yes No
 If yes, please list them: _____

7. Do you have any medical allergies? Yes No
 If yes, please list them: _____

e. Psychiatric

1. Previous Treatment Yes No If yes:
 - a. Inpatient Treatment

Where	Dates	Reason
 - b. Outpatient Treatment

Where	Dates	Reason
 - c. Were you placed on any medication? Yes No
 If yes, please list them: _____

 - d. Did you ever make a suicide attempt? Yes No
 If yes, please answer:

Date	Manner of Attempt	Reason

f. Drug/Substance Abuse Therapy

1. Previous Treatment Yes No
2. Inpatient Treatment Yes No If yes:

Where	Dates	Reason

3. Outpatient Treatment Yes No If yes:
Where Dates Reason

IV. LEGAL

a. Are you currently involved in any legal action? Yes No

If yes, please describe:

b. Have you ever been arrested? Yes No

If yes, please describe:

V. LIFESTYLE

a. Do you smoke? Yes No If yes, How many per day? _____

b. Do you drink caffeine? Yes No If yes, how many servings per day? _____

c. Do you drink alcohol? Yes No

If yes, indicate what you drink and how many drinks you have per day:

d. Do you use drugs recreationally? Yes No

If yes, please indicate what type of drug and how frequently it is used:

e. Do you have a weight or eating problem? Yes No

If yes, please describe:

f. Is there anything else you would like us to know about your situation?

DATE: _____ SIGNATURE: _____