

**HISTORY OF YOUR CONCERNS**  
*This will be discussed further during your first session.*

Name:
Why do you come for counseling NOW?
What concerns and/or symptoms do you currently have?
When did these concerns/symptoms first begin?
When are these concerns or symptoms worse?
When are these concerns or symptoms better?
Have you tried anything to reduce your symptoms?
Have there been any significant changes in your life/relationships in the last six months?
Who is currently living in your household? Name & age
Who is your current Primary Care Physician? Name, address & phone
List any medications you are taking?
Anything you would like to add?