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Sharing information about yourself will help me understand why you are here. Please answer the following questions before your first appointment. Thank you.

Name:

Address:

DOB:

Email:

Phone Number:

Emergency Contact:

1. What are the main concerns you have for seeking help at this time? Please include your symptoms, pain, illness, injuries, onset, upsets, losses, functional problems, fears, worries, etc.

2. If possible, Please describe what you feel in your body (which are aware and frequency) and where you feel your symptoms.

3. What would you like to achieve from therapy (what are your goals)? Include Functional Goals.

4. List the medications, supplements, remedies and herbs you take.

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you have any allergies? Yes___ No___

6. Past Medical History (include dates)

Include major illnesses, surgeries, hospitalizations, accidents, injuries and relationship traumas.
(continue on the back if necessary)

Have you experienced (please check)?

Experience	~Age	Brief Description
Physical Injuries (include concussions)		
Physical abuse		
Emotional abuse		
Sexual abuse or assault		
Experiences of breathing difficulty		
Relevant significant medical/dental experiences		
Motor Vehicle accidents		
Surgeries (medical and dental)		
Relational/Developmental trauma		
Birth or prenatal trauma if known		
Natural disaster involvement		
War, Military		
Other		

7. Primary Care Provider:

8. Do you exercise Yes _____ No _____

What do you do, how often and how much?

9. Do you have spiritual practice? Yes _____ No _____

What is it?

10-. Do you smoke tobacco? Yes _____ No _____ Cigarette, Cigar, Pipe, vape

How many per day _____

Did you ever smoke tobacco? Yes____ No____

When did you quit_____ How much did you smoke_____

11. How much alcohol do you drink, if any? None____

____beers/day ____glasses of wine/day ____drinks/day

12. Do you use recreational drugs? Yes____ No____

If yes, what do you use?_____

How often?_____

13. What are your eating habits like?

Typical breakfast:

Typical Lunch:

Typical Dinner:

Typical Snacks:

14. Have you ever had a problem with eating or an eating disorder?

Yes____ No____ Anorexia, Bulimia, Binging, Overeating

15. How is your sleep?

16. Do you remember your dreams? Yes____ No____

Has there been a theme to them recently? What is it?_____

17a. What are the stressors in your life right now?

17b. How do you reduce your stress?

18. Have you experienced any anxiety or depression lately?

Anxiety____ Depression____ Mixed____

Please describe:

19. Have you recently or in the past thought about suicide? Yes____When____ No____

Have you ever attempted suicide? Yes____ No____

If your answer is yes to either of these questions, please describe what treatment have had:_____

20. What do you do that makes you feel good?

21. Have you ever been, or are you presently in counseling or psychotherapy?

Yes____ No____ Other therapeutic work____

Describe why you went and your experience:

22. Have you been treated for musculoskeletal problems or ongoing medical problems?

Yes____ No____ Please Describe:

23. What is your occupation?

Do you enjoy your work? Yes____ No____

24. Sexual Orientation: Straight__ Gay__ Lesbian__ Bisexual__ Queer ____Other_____

25. Gender Identity:

26. What kind of support system do you have?

Family____ Friends____ Relative____ Other_____

27. Marital status:

Single____ Married____ Spouses/Partner's Name _____

Divorced____ Remarried____ Committed Relationship ____

If divorced, when did you get divorced?

How was the process?

If remarried, when did you get remarried?

Do you have a blended family? Yes _____ No _____

How many children? Yours _____ Spouses _____ Together _____

28. Your children:

Names	Ages	Living Where?
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29. Family History

Name	Age	Age @ Death	Illnesses (med/psych)
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Mother

Step Mother

Father

Step Father

Sisters

Brothers

30. Briefly describe your childhood, particularly in relationship to your family of origin

31. Briefly describe your present living situation:

32. What is your level of education?

33. What do you enjoy doing in your life?

Is there anything else you would like me to know right now (add on back of this page)?