

SOL FLOWER WELLNESS
Wendy E. Crane, Ed.S., LMFT, NCC

*****FOR CONFIDENTIAL USE ONLY*****

NAME: _____ **DATE:** _____

MAILING ADDRESS: _____

PHONE NUMBER WHERE YOU PREFER TO BE REACHED AND IT'S OKAY TO LEAVE A MESSAGE: _____ **(PLEASE INITIAL)** _____

EMAIL ADDRESS: _____

OCCUPATION: _____ **EMPLOYER:** _____

RELATIONSHIP STATUS: single living together married separated divorced **HOW LONG?** _____

SPOUSE/PARTNER NAME: _____

SPOUSE/PARTNER ADDRESS: _____

IF MINOR, PARENT'S NAMES: _____

CHILDREN: (indicate step-children *)

Name	Age	Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH CONDITIONS: LIST ANY MEDICAL CONDITIONS FOR WHICH YOU ARE CURRENTLY RECEIVING TREATMENT OR NEED TO RECEIVE TREATMENT: _____

ARE ANY OF THESE CONDITIONS COMMUNICABLE? _____

PHYSICIAN'S NAME _____

LIST ANY MEDICATIONS YOU ARE TAKING AND FOR WHAT PURPOSE: _____

HOW MUCH ALCOHOL DO YOU CONSUME PER WEEK? _____

WHAT DRUGS HAVE YOU USED FOR OTHER THAN MEDICAL PURPOSES? (Include dates and how much) _____

PLEASE STATE IN YOUR OWN WORDS WHY YOU ARE SEEKING HELP AT THIS TIME AND WHAT YOU WOULD LIKE TO ACHIEVE THROUGH COUNSELING: _____

PLEASE CIRCLE ANY OF THE ISSUES BELOW THAT CONCERN YOU (Indicate Top 3 with *):

- | | | | |
|----------------------|----------------------|------------------|------------|
| Addiction | Eating Disorder | Parenting Styles | Violence |
| Anger, hate, rage | Extra Marital Affair | Physical Abuse | Withdrawal |
| Anxiety (worry) | | | |
| Apathy (the blahs) | Father | Rape | LOSS OF: |
| | Fear | Rebellion | Appetite |
| Bitterness | Finances | Rejection | Control |
| Burnout/stress | Forgiveness | Religion/Faith | Energy |
| | Frustration | | Memory |
| Change of lifestyle | | Self-Esteem | Sleep |
| Child Abuse | Guilt | Separation | Temper |
| Children | Health | Sex | |
| Chronic Pain | Impotence | Sexual Abuse | |
| Codependency | In-laws | Shoplifting | |
| Communication | Incest | Single Parent | |
| Confusion | Intimacy | Spouse Abuse | |
| | | Step Family | |
| Death of a loved one | Loneliness | Suicidal | |
| Depression | Mother | | |
| Divorce | Marriage | Verbal Abuse | |

FAMILY OF ORIGIN:

Name	Still Living?	Where?
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MOTHER: _____

FATHER: _____

SIBLINGS (please list names and ages in birth order and include yourself):

WHO ELSE HAD A KEY ROLE IN YOUR UPBRINGING? (Indicate when in your life)