

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Reason for seeking treatment:

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Please describe the course of your symptoms (when you first noticed them and how are they now):

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Please describe your previous treatment experiences:

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Has previous treatment been helpful, why or why not?

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Is there any family history of mental illness?

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Are there any traumatic experiences?

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Please list any medications you are currently taking:

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Please list your strengths:

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Please state your goals for treatment:

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Is there anything else that you believe would be helpful for me to know?

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Thank you for completing this form,

Anne Moore, Psy.D.  
Licensed Psychologist