

Shelby Castile MFT, RYT

Licensed Marriage & Family Therapist Registered Yoga Teacher

The following questions are designed to help me best meet your treatment needs. If the person seeking care is a minor, the parent of guardian should complete the form. Please bring this completed New Client form and signed Consent for Therapy document with you to our first session. If you have any questions, I will be happy to answer them.

Client Information:

Client's name: _____ Date: _____

Address: _____ City, State:

_____ Zip: _____

Email Address: _____

Phone numbers with area code

Home: () _____

Work: () _____ Cell: () _____

Birth date: _____ Age: ____ Social Security Number: _____

Employer: _____

Position: _____ For how long? _____

Education: _____

Marital/relationship status: _____ Significant other's name: _____

Significant other's age and sex: _____ How long together? _____

Names and ages of all children in the home: _____

Referred by (if any): _____

Who shall we contact in case of emergency?

Name: _____ Phone () _____

Medical and Health History:

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

☐ No

☐ Yes, previous therapist/practitioner: _____

Are you currently taking any prescription medication?

☐ Yes

☐ No

Please list: _____

Have you ever been prescribed psychiatric medication?

☐ Yes

☐ No

Please list and provide dates: _____

List any substance abuse treatment or inpatient psychiatric treatment you have had, and the dates:

Please list any difficulties you experience with your appetite or eating patterns.

Are you currently experiencing overwhelming sadness, grief or depression?

- ☐ No
☐ Yes

If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks or have any phobias?

- ☐ No
☐ Yes

If yes, when did you begin experiencing this? _____

Are you currently experiencing any chronic pain?

- ☐ No
☐ Yes

If yes, please describe: _____

Do you drink alcohol more than once a week? ☐ No ☐ Yes

How often do you engage recreational drug use? ☐ Daily ☐ Weekly ☐ Monthly

☐ Infrequently ☐ Never

Are you currently in a romantic relationship? ☐ No ☐ Yes

If yes, for how long? _____

On a scale of 1-10, how would you rate your relationship? _____

What significant life changes or stressful events have you experienced recently?

Please indicate if you are having any of the following problems, or if you had them in the past:

	Current	Past
Difficulty falling asleep or staying asleep	_____	_____
Sleeping too much	_____	_____
Change in appetite, weight loss, or weight gain	_____	_____
Frequent crying	_____	_____
Panic attacks or anxiety attacks	_____	_____
Thoughts of killing or hurting myself	_____	_____
Attempts to kill or hurt myself	_____	_____
Continued...	Current	Past
Problems concentrating	_____	_____
Problems remembering things	_____	_____

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Periods of daily sadness lasting more than two weeks	_____	_____
I startle easily	_____	_____
Can't stop remembering upsetting past events	_____	_____
Difficulty controlling my temper	_____	_____
I physically hurt other people	_____	_____
I break things sometimes	_____	_____
I worry a lot	_____	_____
Little or no interest in sex	_____	_____
I feel tired almost every day	_____	_____
Feelings of unreality	_____	_____
Made myself throw up in order to lose weight	_____	_____
Used laxatives or exercised excessively to lose weight	_____	_____
I often feel like I am an outsider	_____	_____
Sexual problems	_____	_____
Worry that something is wrong with my body	_____	_____
Frequent arguments with the people I live with	_____	_____
Other (please list):		

Family Medical and Health History:

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you (father, grandmother, uncle, etc.).

Please check the box if applicable:

- ☐ Alcohol/Substance Abuse
- ☐ Anxiety
- ☐ Depression
- ☐ Domestic Violence
- ☐ Eating Disorders
- ☐ Obesity
- ☐ Obsessive Compulsive Behavior
- ☐ Schizophrenia
- ☐ Suicide Attempts

I hereby consent for Shelby Castile to provide evaluation and treatment to me.

Signature

Date