

Alliance Behavioral Medicine

Therapy History

Name: _____ DOB: _____ Date: _____

Goals for Therapy

1. What is going on that led you to call for help? _____

2. How long has the problem(s) been going on?
__ 1 week __ Less than a month __ 6 months or less __ Less than 1 year
__ 1-3 years __ 3-5 years __ Longer than 5 years

3. What led you to seek help now? _____

4. What have you tried on your own to solve the problem(s) & have these solutions helped? _____

5. What are your goals for therapy? How do you want your life to be different when you have completed treatment? _____

Social History

1. Education History: _____

2. Work History: _____

3. Do you have a history of legal problems or arrests? _____

