



What prescription medications are you currently taking? Please list the dosages, too. \_\_\_\_\_

General health right now:

1. How would you rate your physical health? (please circle)

Poor                      Unsatisfactory                      Satisfactory                      Good                      Very good

Please list any specific health problems you are currently experiencing: \_\_\_\_\_

\_\_\_\_\_

2. What do you consider some of your strengths? \_\_\_\_\_

\_\_\_\_\_

3. What do you consider some of your weaknesses? \_\_\_\_\_

\_\_\_\_\_

4. What would you like to accomplish out of your time in therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/20  
(Signature)                      (Print Name)                      (Date)