

SOCIAL, EDUCATIONAL, CAREER & PERSONAL HISTORY (Continued)

37. Have you have ever been arrested? No Yes

37.1 If yes, please list when you were arrested, charges & convictions brought against you.

38. Are there any additional significant life changes or stressful events that have happened recently that has impacted your ability to adequately function?

39. What do you consider to be some of your personal strengths?

40. What do you consider to be some of your personal weaknesses?

41. What would you like to accomplish out of your time in therapy?

Additional Notes:

Availability:

Therapist Signature

Date