

## Background Information Form (for adult clients)

*Please complete, scan (or take a picture) and email back to [sbh2329@gmail.com](mailto:sbh2329@gmail.com) prior to our first appointment --thank you!*

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

Age: \_\_\_\_\_

Phone Number (I will be using for our phone sessions): \_\_\_\_\_

Email address: \_\_\_\_\_

Time Zone: \_\_\_\_\_

What would you like to accomplish by working together?

What have you tried thus far to make desired changes?

When did you first become aware that you may be on the ASD spectrum?

How do you feel about having Asperger Syndrome's Syndrome/ASD/neurodiversity traits?

What do you do for a living?

Do you have children, if so, please tell me a little about each:

What's going very well in your life?

What are your strengths?

Have you worked with mental health professionals in the past? If so, please elaborate.

Do you take medication? If so, please describe what medications and for what issues.

How did you do in school (academically and socially)?

How is your relationship going with your significant other, if applicable?

How satisfied are you with your relationships with your friends and family?

How are your work relationships going, if applicable?

Do you have special interests or hobbies?

What do you do for self-care, relaxation?

Who in your family are you most like (mother, father, grandparent...)?

How would you rate your anxiety level (in general)? High Medium Low to non-existent

How would you rate your depression level (in general)? High Medium Low to non-existent

How is your physical health overall?

Is there anything else that you would like me to know prior to our working together?

