

Amy L. West



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*Please complete the entire 3-page form.  
Complete all pertinent questions, if you are single; disregard the couple's related questions.*

**TODAY'S DATE:** \_\_\_\_\_

**YOUR INFORMATION**

Your Name: \_\_\_\_\_  
Your Age: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Other Additional Phone #(s): \_\_\_\_\_  
Profession: \_\_\_\_\_  
Number Years Married to Current Spouse: \_\_\_\_\_  
Children's Names and ages: \_\_\_\_\_  
Previous Marriage(s) & length of Marriage(s): \_\_\_\_\_

**SPOUSE'S INFORMATION**

Spouse's Name: \_\_\_\_\_  
Spouse's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Spouse's Age: \_\_\_\_\_  
Spouse's Previous Marriage(s) & Number yrs. Previously Married: \_\_\_\_\_  
Spouse's Health: \_\_\_\_\_  
Spouse's Profession: \_\_\_\_\_

**YOUR FAMILY OF ORIGIN**

Mother's Name: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mother's Age: \_\_\_\_\_ Mother's Location: \_\_\_\_\_  
Father's Age: \_\_\_\_\_ Father's Location: \_\_\_\_\_  
Mother's Health: \_\_\_\_\_  
Father's Health: \_\_\_\_\_  
Mother's Profession: \_\_\_\_\_  
Father's Profession: \_\_\_\_\_

Write 3 positive adjectives to describe your Mother:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Write 3 negative adjectives to describe your Mother:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Write 3 positive adjectives to describe your Father:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Write 3 negative adjectives to describe your Father:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

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**Please provide a list of therapists you are currently seeing (if any). For each, include their role, and whether Amy West, has permission to contact him or her if need be.**

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**Please provide a list of medicines you are currently taking (if any). For each, include name, amount and how long you have been taking.**

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**CURRENT PROBLEM/ISSUES** - Please provide a short description of current problems and issues you would like to address:

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