

**Adult/Couple Mail in Registration Form**

Print this sheet and fill the form and respond to the other information requested. Send in to our address below.

DATE \_\_\_\_\_ FORM COMPLETED BY \_\_\_\_\_

NAME (S) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER (S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_

OTHERS LIVING AT HOME SEX AGE EMPLOYER/SCHOOL & GRADE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR SEEKING TREATMENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REGISTRATION AUTOBIOGRAPHY FOR ADULTS (SEPARATE SHEETS)**

In addition to the basic information requested, please attach documents which provide the following information:

### **Family of Origin:**

Describe what you know about your family: age of parents, number of siblings, family dynamics, abuse and/or neglect, drug and alcohol abuse, crime, adoption, etc.

Describe your mother and father (positive and negative).

How did your parents show affection to each other and their children?

How did your parents handle disagreements and conflicts; what were their main methods of discipline?

How many siblings do you have and what role did each sibling play in the family?

Discuss history of alcohol or drug abuse; physical, emotional or sexual abuse; mental or emotional illnesses in the family; how was each issue dealt with?

List the number of disruptions (moves away from a family) you experienced, reason for each, length of time and age in each placement, and what degree of abuse, neglect or nurturing you received in each placement.

### **About You:**

Describe your challenges and problems from childhood through adulthood.

Describe your positive attributes.

Describe previous therapy you have had, duration, and results.

Describe your hopes for coming to Evergreen Psychotherapy Center.

### **Medical History:**

List any current/past illnesses/injuries that has impacted you or your family. e.g. inner ear problems, colic, hospitalizations, premature birth, lack of prenatal care, etc

### **Marital / Relationship History: (If applicable)**

Describe your current marriage / relationship (positive and negative); i.e., intimacy, communication, problem solving, togetherness.

Write a brief description of any previous marriage(s) / relationship(s).

**Current Family: (If applicable)**

List your children and give a brief description of each child.

What are your main methods of discipline and how effective have they been?

What concerns do you have with any other member of the family?

How large of a role (if any) does religion play in your family?

Describe positive attributes, strengths and support systems?

**SEND TO:**

**5820 Main Street, Suite 406 Williamsville, NY 14221**

**Office: 716-810-0790**

**Fax: 716-636-6243**

**[AWeidman@gmail.com](mailto:AWeidman@gmail.com)**