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Name & preferred pronouns: _____

Address: _____

Email address: _____ Date of Birth: _____

Cell number: (____) _____ Do you text? _____ Other:(____) _____

In a few words, please state why you are here today and what you are hoping to change:

How long has this situation been in existence? _____

Recent Losses or Changes: _____

Current Relationship Status:

Single _____ Engaged _____ Partnered (date) _____ Polyamorous _____ Married (date) _____

Separated (date) _____ Divorced (date) _____ Widowed (date) _____

Current Marriage/Partnerships:

Is this your first marriage/partnership? _____ When you began to date: _____

Partners/Spouse's Name(s): _____ Gender Identity: _____

Children's Names from this marriage/partnership (please indicate if biological or step):

_____ Sex: _____ Age: _____

_____ Sex: _____ Age: _____

_____ Sex: _____ Age: _____

(Please use the back to report information regarding more children)

Previous Marriage(s)/Partnership(s):

The number of times you have been married or in partnerships: _____

Date of First: _____ Date of termination: _____ Who terminated: _____

Children's Names from this marriage/partnership (please indicate if biological or step):

_____ Sex: _____ Age: _____

_____ Sex: _____ Age: _____

_____ Sex: _____ Age: _____

Date of Second: _____ Date of termination: _____ Who terminated: _____

Children's Names from this marriage/partnership (please indicate if biological or step):

_____ Sex: _____ Age: _____

_____ Sex: _____ Age: _____

_____ Sex: _____ Age: _____

(Please use the back to report information regarding other marriages/partnerships.)

Education & Community Activity:

Highest grade or degree achieved and year: _____

Major(s): _____ Vocational training: _____

Spiritual/Religious Preference: _____
() active () moderately () inactive

Family History: (Please indicate if the sibling is adopted, half/step, or foster.)

Brothers		Sisters	
Name	Age	Name	Age
1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____

A. **Parent's name:** _____

If living, parent's age: _____ If deceased, parent's age at time of death: _____ Your age at parent's death: _____

Cause of death: _____ Parent's Occupation: _____

B. **Parent's name:** _____

If living, parent's age: _____ If deceased, parent's age at time of death: _____ Your age at parent's death: _____

Cause of death: _____ Parent's Occupation: _____

Do/did any of your family members have any physical/mental health or alcohol/drug-related problems? _____

If "yes," which member(s): _____

Please describe the nature of the problem: _____

Has any relative attempted or committed suicide? _____ If so, who? _____

Has any relative had serious problems with the law? _____ If so, who? _____

Please list each of your family members by name and give three words that describe their personality:

Your Personal History:

Please list any physical/mental health or alcohol/drug-related problems you have/had: _____

What medication(s) are you on at this time? _____

Name and telephone/address of your family doctor and psychiatrist: _____

Have you ever attempted suicide? _____ If "yes," please give the date(s) of attempt(s): _____

What three words describe you today?

What three words would you have used to describe yourself five years ago?

What three words do you hope will describe you in five years?

What aspect of your life today brings you the most pleasure? _____

What kinds of hobbies or leisure activities do you enjoy? _____

What aspect of your life today causes you the most concern? _____

What is the main source of strength in your life? _____

Who is "family" to you today? _____

On a scale of 1 to 5, 5 being "great," please evaluate your satisfaction in these areas:

Feelings about self _____

Family _____

Spouse/partner _____

Sex _____

Gender _____

Sexual Orientation _____

Social _____

Spiritual _____

Work _____

Retirement _____

Previous counseling or psychotherapy with whom and when?

Name of person referring you to this office or how you learned of this practice:
