

Atlanta Center for Eating Disorders

Initial Information

Name: _____ Date: _____

In your own words, please briefly explain why you are seeking treatment at this time.

If you are here primarily because someone else has encouraged you to be here, please briefly state what you think their concerns and goals are for you.

Give a brief history of your problems: first symptoms, severity, periods of relief.

Do you have any other symptoms or related problems? (anxiety, depression, obsessions, compulsions, relationship problems, etc.)

Have you had any previous therapy or treatment? Describe briefly, including what was most and least helpful.

Please describe your relationship with the following people (past and present):

Mother:

Past: _____

Present: _____

Father:

Past: _____

Present: _____

Sister(s):

Past: _____

Present: _____
Brother(s): _____
Past: _____
Present: _____

Is there any family history of emotional problems, addictions, or major physical problems? Please describe:

Have you experienced any traumatic events, past or present? (deaths, accidents, loss, abuse).

With whom do you live? _____
How are your relationships with the persons living with you? _____

On a scale of 1-10, how would you rate the current quality of your life? (circle #)

10 9 8 7 6 5 4 3 2 1 0
excellent very good good Fair not so good poor miserable

Please list the number and names of any children you have had or raised.

How would you describe the quality of the relationships with these children?

What is your marital history and how would you describe the quality of this (these) relationship(s).

Describe your leisure time (what you do with free time, hobbies, how much time spent in leisure) _____

How would you describe your sexual preference? _____
Are you experiencing any problems in this area? _____

Are you experiencing any occupational difficulties? _____

What is your current eating pattern?

Good Day _____

Bad Day _____

Do you have a spiritual/religious background? _____

What is your current involvement? _____

Do you want to use your spiritual/religious faith as part of your recovery process?

Cultural Background: (race, ethnicity, family traditions) _____

Are there any cultural practices linked to your racial/ethnic background that are important to you and that might impact your treatment/recovery?

Please describe the goals you hope to achieve through treatment (stopping symptoms, learning skills, decreasing perfectionism, etc.).

Do you already have preferences related to treatment (level of care, days available, types of groups, etc)? _____

Please indicate what you see as strengths or abilities that you have which may help you in your recovery process (personality traits, motivation, spirituality, friends and family support, social skills, work skills, talents or hobbies, etc)
