

FIRST SESSION QUESTIONNAIRE
(information provided will be kept confidential)

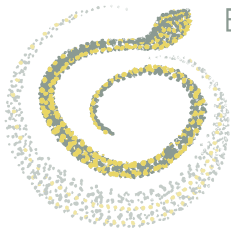
Do you or your family have any history of mental illness?

Do you have any current health problems?

Are you currently on any prescription medication?

Do you currently take any recreational drugs?

What are your expectations from our sessions?



Expressive Arts Therapy

Please include any other information that you consider relevant for me to know and/or your concerns and areas you would like to work on during our sessions.
