

EAST-WEST PSYCHOTHERAPY SERVICE
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Thank you for taking the time to complete this personal data summary. The purpose of this form is to obtain information about your background and your special concerns and needs that now affect your life. Please fill this form out as you see fit – what does your therapist need to know?

Name _____ Age _____ Sex M F Today's Date _____

Address _____

Home Phone _____ Keitai Phone _____ Email _____

OK to mention East-West Psychotherapy and/or me as your therapist when I call? Yes No

How did you find me? Please check: My website ____ Previous client ____ Referral by another therapist ____

Friends ____ International Mental Health Professionals Japan (IMHPJ) website ____ IMHPJ advertisement ____

Referral by T.E.L.L. ____ Referral by another organization – please specify _____

Another way – please specify _____

What are the main concerns that bring you to therapy? _____

What are your goals for therapy? _____

PERSONAL HISTORY:

Nationality _____ Education: Degree _____ Date _____ Where _____

Occupation _____ Employer _____ How long? _____ Work phone _____

FOR NON-JAPANESE - JAPAN HISTORY: Arrival Date _____ Date to Leave? _____

Significant events in Japan _____

SPOUSE/PARTNER RELATIONSHIP HISTORY:

Current Marital/Relationship Status _____ Married? Yes No If married, when _____

If not married, Living with You? _____ Beginning time of relationship _____ Began in Japan Yes No

Describe your present relationship with your partner _____

What are your major challenges with your partner? _____

Describe what you appreciate in your partner _____

of pregnancies _____ # of live births _____

Children _____ Age _____ Living with you? _____

Children _____ Age _____ Living with you? _____

Children _____ Age _____ Living with you? _____

Any significant problems with your children? _____

Previously married and divorced? _____ Previous significant relationships? _____ Dates _____

Please describe this (these) marriage(s) / relationship(s) _____

PARENTS: Mother _____ Age _____ Living _____ If died, when? _____

Father _____ Age _____ Living _____ If died, when? _____

Briefly describe your relationship with your parents as you were growing up _____

Were your parents ever separated? _____ If so, for how long? _____ How old were you? _____

With whom did you stay? _____ Did you ever live elsewhere than with your parents? _____

Where did you stay? _____ Briefly describe how that separation affected you _____

Were there any unusual or notable circumstances or events during your mother's pregnancy (your in-utero experience) and the time around your birth? _____

SIBLINGS: Brothers (list ages) _____

Sisters (list ages) _____

How would you describe your relationship with your siblings as you were growing up? _____

FAMILY & PERSONAL SUBSTANCE-MENTAL HEALTH HISTORY:

Are you aware of any history of mental illness, alcoholism, or drug abuse in your family? _____ If yes, please describe _____

Do you have any history of mental illness? _____ If yes, please describe _____

Have you ever had a problem with or dependency on alcohol or drugs? _____ If yes, please describe _____

What is your current use of alcohol or drugs? Please describe _____

Are you in a recovery program? _____ If so, how long have you been in recovery? _____

Please describe your recovery _____

PHYSICAL HEALTH

Please describe your state of health and any physical problems you may have at this time _____

List any long-term (chronic) health problems _____

Are you under a physician's care? Yes No Name of physician _____

Are you taking any medications? Please list _____

What do you do to take care of yourself? _____

PLANS AND HOPES FOR FUTURE – Please answer as you see fit -

What is important for your future? _____

What are your plans – goals – hopes - dreams? _____

Relationship plans – goals – hopes - dreams? _____

Work plans – goals – hopes - dreams? _____

Where would you like to be living? _____

What kind of a person would you like to be? _____

What would give meaning to your life? _____

Anything else regarding plans – goals – hopes - dreams? _____

PERSONAL PSYCHOLOGICAL ASSESSMENT

Please name three (3) descriptive adjectives that accurately express your character: (1) _____

(2) _____ (3) _____

What are your psychological strengths? _____

What are your psychological challenges? _____

Please try to state your biggest challenge or personal dilemma in a short phrase or question for yourself: _____

How have you attempted to investigate and/or improve yourself psychologically? _____

PREVIOUS COUNSELING

Name of Provider _____ Dates _____ Frequency _____

Name of Provider _____ Dates _____ Frequency _____

How strong is your desire for treatment? Very strong _____ Moderate _____ Can do without, if needed _____

Please add anything else you would like me to know about you: _____

THANK YOU