



WellStep Atlanta LLC
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Patient Intake: Social/Family History

(To be completed by patient)

Patient Name

(Circle one) Married Single Long-term relationship Divorced/Separated

Years married/ in long-term relationship _____

Times Married _____ Times Divorced _____

Children? () N () Y Current ages (list)

Residing with you? () N () Y If no, where?

Where are you currently living?

Do you have family nearby? () N (Please describe)

Education (check most recent degree):

() Graduate school () College () Professional or Vocational School

() High School Grade _____

Are you currently employed? () N Where (if "no," where were you last employed?)

_____ What type of work do/did you do? _____

How long have/did you work (ed) there? _____

Have you ever been arrested or convicted? () N

() DWI () Drug-related () Domestic violence () Other

Have you ever been abused? () N

Physically Sexually (including rape or attempted rape) Verbally Emotionally

Have you ever attended:

AA Current Past

NA Current Past

CA Current Past

ACOA Current Past

OA Current Past

If you are not currently attending meetings, what factors led you to stop?

Have you ever been in counseling or therapy? N (Please describe)
