



Please tell us about yourself...

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Have you been in therapy before? Yes\_\_ No\_\_ - If yes, with Dr. Alishia Kalos? Yes\_\_ No\_\_

Partner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Are you currently in the process of divorce or litigation? Yes\_\_ No\_\_

If yes, please describe your situation: \_\_\_\_\_

The following questions provide information about your background:

◆ Current Relationship Status:

\_\_\_Single \_\_\_Dating \_\_\_Engaged \_\_\_Married \_\_\_Living Together/Domestic Partners
\_\_\_Separated \_\_\_Divorced/Annulled \_\_\_Widowed \_\_\_Other: \_\_\_\_\_

◆ Number of children: \_\_\_\_\_ Number of children living with you: \_\_\_\_\_
Ages of children: \_\_\_\_\_ Ages of children living with you: \_\_\_\_\_

◆ Work Status (You):

\_\_\_Disabled \_\_\_Employed (Full) \_\_\_Employed (part) \_\_\_Homemaker/Domestic Engineer
\_\_\_Retired \_\_\_Self-employed \_\_\_Student \_\_\_Unemployed
Occupation: \_\_\_\_\_

Partner's Work Status (skip to income if not applicable):

\_\_\_Disabled \_\_\_Employed (Full) \_\_\_Employed (part) \_\_\_Homemaker/Domestic Engineer
\_\_\_Retired \_\_\_Self-employed \_\_\_Student \_\_\_Unemployed
Occupation: \_\_\_\_\_

◆ Yearly Income (all sources): You: \$\_\_\_\_\_ Household: \$\_\_\_\_\_



◆ Highest Education (You)

Elementary  Middle School  High School/GED  Some College  College Graduate  
 Technical School  Post Graduate

Highest Education (Your Partner—If not present)

Elementary  Middle School  High School/GED  Some College  College Graduate  
 Technical School  Post Graduate

◆ Religion (You)

Agnostic/Atheist  Muslim  Buddhist  Catholic  Hindu  Jewish  Protestant  
 Non-Religious/Secular  Other (please specify): \_\_\_\_\_

Religion (Your Partner—If not present)

Agnostic/Atheist  Muslim  Buddhist  Catholic  Hindu  Jewish  
 Protestant  Non-Religious/Secular  Other (please specify): \_\_\_\_\_

◆ Race (You)

Hispanic/Latino/a  African American/Black  American Indian/Alaskan Native  
 Asian/Asian American  Caucasian/White  Native Hawaiian/Pacific Rim  
 Multiracial (please specify): \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Race (Your Partner—If not present)

Hispanic/Latino/a  African American/Black  American Indian/Alaskan Native  
 Asian/Asian American  Caucasian/White  Native Hawaiian/Pacific Rim  
 Multiracial (please specify): \_\_\_\_\_ Other (please specify): \_\_\_\_\_

◆ Gender (You)

Female  Male  Non-binary/fluid  Other (please describe): \_\_\_\_\_

Gender (Your partner—If not present)

Female  Male  Non-binary/fluid  Other (please describe): \_\_\_\_\_

◆ Sexual Orientation (You)

Bisexual  Gay  Straight/Heterosexual  Lesbian  Questioning  
 Other (please describe): \_\_\_\_\_

Sexual Orientation (Your partner—If not present)

Bisexual  Gay  Straight/Heterosexual  Lesbian  Questioning  
 Other (please describe): \_\_\_\_\_

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How did you hear about Dr. Alishia Kalos/Strongest Self Therapy?

Strongestselftherapy.com  Psychologytoday.com  Other website/internet  Social Media  
 Lawyer/Court  Media Appearance  Brochure  Newspaper/Magazine  
 Friend/Relative  Self as previous client  Other previous client  Phonebook/Directory  
 Other (please specify): \_\_\_\_\_

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The following questions will help us to understand your hopes and expectations for therapy:

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1. What are you hoping for in your therapy/therapist?
  
  
  
  
  
  
  
  
  
  
2. What are you hoping to avoid in your therapy/therapist?
  
  
  
  
  
  
  
  
  
  
3. Research indicates that most clients attend about 13 to 18 sessions before they experience meaningful change. About how many sessions do you expect to attend?
  
  
  
  
  
  
  
  
  
  
4. Are there any specific forms of therapy or interventions that you are hoping to use? (If so, which?)
  
  
  
  
  
  
  
  
  
  
5. What would you identify as your areas and/or sources of strength?
  
  
  
  
  
  
  
  
  
  
6. Is there anything else that you would like us to know about your hopes and expectations for therapy?



Please provide on the page below a bullet point outline of the most influential moments in your life (feel free to keep this “short and simple” as we may elaborate later on):

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