

# FORENSIC EVALUATION INTAKE FORM

*Please Print Legibly and Complete Each Item*

Date: \_\_\_\_\_

Client's Full Name \_\_\_\_\_ Alias or Other Name(s) I have used \_\_\_\_\_

Reason(s) for other name(s) I have used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Race: I am ☐ Black ☐ Caucasian ☐ Asian **Citizenship:** I am a citizen of \_\_\_\_\_ I am also a citizen of \_\_\_\_\_

**Sexuality:** I am ☐ Male ☐ Female ☐ Transsexual ☐ Transgender ☐ Hermaphroditic

**Sexual Orientation:** I am ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Asexual ☐ Pan-sexual ☐ Other \_\_\_\_\_

**Marital Status:** ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Widowed ☐ Separated **# of Marriages:** \_\_\_\_\_

<b>Additional Family Members:</b>	_____	Relationship: _____	Current Age: _____
	_____	Relationship: _____	Current Age: _____
	_____	Relationship: _____	Current Age: _____
	_____	Relationship: _____	Current Age: _____
	_____	Relationship: _____	Current Age: _____

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Leave Message at Home? Yes ☐ No ☐ Leave Message at Work? Yes ☐ No ☐ Permission to Text? Yes ☐ No ☐

In Case of Emergency Contact Name/Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web-page: \_\_\_\_\_

Social Media sites (e.g., Face Book, Twitter, Skype): \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever filed for **Bankruptcy**? \_\_\_\_\_ ... been involved in a **Lawsuit**? \_\_\_\_\_ ... been **Incarcerated**? \_\_\_\_\_

**Current Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ ☐ Right Handed ☐ Left Handed ☐ Both

☐ **Tattoos #:** \_\_\_\_\_ ☐ **Body Modifications #:** \_\_\_\_\_ ☐ **Piercings #:** \_\_\_\_\_ ☐ **Scars #:** \_\_\_\_\_ ☐ **Prosthetics (type)** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Other Languages spoken:** \_\_\_\_\_

## Education:

High School \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_

Trade School \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ Certification \_\_\_\_\_

College/University \_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_ Location \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

I am currently enrolled at \_\_\_\_\_

My educational goal is \_\_\_\_\_

**Previous Therapy?** Yes ☐ No ☐ **Former Therapist:** \_\_\_\_\_ **Approximate Date:** \_\_\_\_\_

**Previous Mental Health Evaluation:** Yes ☐ No ☐ **Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I was raised primarily by:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Biological Mother & Father | <input type="checkbox"/> Biological Father only  | <input type="checkbox"/> Biological Mother only       |
| <input type="checkbox"/> Father & Stepmother        | <input type="checkbox"/> Mother & Stepfather     | <input type="checkbox"/> Elder Sibling                |
| <input type="checkbox"/> Maternal Grandparent(s)    | <input type="checkbox"/> Paternal Grandparent(s) | <input type="checkbox"/> Aunt/Uncle                   |
| <input type="checkbox"/> Foster Parent(s)           | <input type="checkbox"/> Adoptive Parent(s)      | <input type="checkbox"/> Foster Parents in ____ homes |

**In my family of origin I was:** ☐ first born/only child ☐ first born of \_\_\_\_ ☐ 2<sup>nd</sup> born of \_\_\_\_  
☐ 3<sup>rd</sup> born of \_\_\_\_ ☐ 4<sup>th</sup> born of \_\_\_\_ ☐ other \_\_\_\_\_

**My biological parents' names:** Father \_\_\_\_\_ Mother (maiden name) \_\_\_\_\_

**My biological parents' cultural origins or ethnicity:** (e.g., Italian, English, German, Russian, French)  
Father \_\_\_\_\_ Mother \_\_\_\_\_

**My primary foster/adoptive parents' cultural origins were:**  
Father \_\_\_\_\_ Mother \_\_\_\_\_

**The primary wage-earner(s) during my childhood was/were employed as:**

- |  |   |
|--|---|
| <input type="checkbox"/> Father _____                      | <input type="checkbox"/> Mother _____     |
| <input type="checkbox"/> Stepfather _____                  | <input type="checkbox"/> Stepmother _____ |
| <input type="checkbox"/> Other person and occupation _____ |   |

**Number of Children** \_\_\_\_ **Number of Stepchildren** \_\_\_\_ **Number of Dependents** \_\_\_\_

**Names of Children**

_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____

**Names of Stepchildren**

_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____
_____	Date of birth _____

**My Current Marital Status is:**

- ☐ Never been married and not living with anyone in a committed relationship
- ☐ Never been married, but in a committed relationship (at least two years) ☐ Engaged Date \_\_\_\_\_
- ☐ Married and living with my spouse (full name) \_\_\_\_\_  
Spouse's age \_\_\_\_ Spouse's Occupation \_\_\_\_\_
- ☐ Separated and living alone How long? \_\_\_\_\_
- ☐ Separated, and living with someone in a committed relationship Date(s) \_\_\_\_\_
- ☐ Divorced(s) Number of marriages \_\_\_\_  
Previous spouse's name \_\_\_\_\_ Length of marriage \_\_\_\_ Date of divorced \_\_\_\_\_  
Previous spouse's name \_\_\_\_\_ Length of marriage \_\_\_\_ Date of divorced \_\_\_\_\_  
Previous spouse's name \_\_\_\_\_ Length of marriage \_\_\_\_ Date of divorced \_\_\_\_\_  
Previous spouse's name \_\_\_\_\_ Length of marriage \_\_\_\_ Date of divorced \_\_\_\_\_
- ☐ Widow/widowed, and living alone or with a family member \_\_\_\_\_ Date spouse deceased \_\_\_\_\_

**Religiously, I describe myself as:**

- ☐ Agnostic ("god" is unknown or unknowable) ☐ Atheistic (there is no "god")  
☐ Against a belief in in any "god" and/or any religion ☐ Theistic (there is a "detached god")  
☐ Believing in a higher power, with no affiliation ☐ Other (explain) \_\_\_\_\_  
☐ Believing in a higher power, with affiliation to \_\_\_\_\_  
☐ Believing in God as described in the Bible  
☐ Believing in Allah as described in the Koran

**Religious Background:** \_\_\_\_\_

Church, Temple, Synagogue or Mosque currently attending: \_\_\_\_\_

**Location:** \_\_\_\_\_ **Clergy or Religious leader:** \_\_\_\_\_

**My Military Experience was:**

- ☐ I never served in the military  
☐ I served \_\_\_\_ years in the (Branch of Service) \_\_\_\_\_  
☐ I was discharged Type of discharge \_\_\_\_\_  
☐ I am retired  
☐ I served in combat \_\_\_\_ Number of tours \_\_\_\_ Where \_\_\_\_\_  
My military specialty (MOS, NEC, AFSC) is/was \_\_\_\_ My highest rank is/was \_\_\_\_  
☐ I received military reprimands Number \_\_\_\_ Article 15 \_\_\_\_ Article 32 \_\_\_\_ Court-Martial date \_\_\_\_\_

**Places you previously lived:**

City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____
City _____	State/Country _____	Length of time _____

**My Income over the past 12 months (or 12 months prior to incarceration) was:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> less than \$10,000            | <input type="checkbox"/> \$10,001 to \$20,000            | <input type="checkbox"/> \$20,001 to \$30,000  |
| <input type="checkbox"/> \$30,001 to \$40,000          | <input type="checkbox"/> \$40,001 to \$50,000            | <input type="checkbox"/> \$50,001 to \$60,000  |
| <input type="checkbox"/> \$60,001 to \$70,000          | <input type="checkbox"/> \$70,001 to \$80,000            | <input type="checkbox"/> \$80,001 to \$100,000 |
| <input type="checkbox"/> \$100,001 to \$200,000        | <input type="checkbox"/> more than \$200,000             |  |
| <input type="checkbox"/> Disability income of \$ _____ | <input type="checkbox"/> Social Security Income \$ _____ | <input type="checkbox"/> Other Income \$ _____ |

**My Employment History:**

☐ Unemployed \_\_\_\_ months/years

☐ Retired \_\_\_\_ years

☐ Employed \_\_\_\_ years

Employer's name: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of time employed: \_\_\_\_\_

**My Criminal History:**

☐ No criminal history, other than motor vehicle violations

☐ Misdemeanor(s) Number \_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

*If more than one felony,  
provide dates and reason  
for each.*

Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

☐ Felony(s) Number \_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

*If more than one felony,  
provide dates and reason  
for each.*

Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_ Reason \_\_\_\_\_

**Reason for this evaluation:** \_\_\_\_\_

# CONSENT TO EVALUATION

I, the undersigned, request and give consent to an evaluation by

**Dr. Harry L. Morgan, Ph.D., LMHC, CCSOTS, CFMHE**

Clinical & Forensic Mental Health Services  
4507 19th Avenue West, Bradenton, FL 34209

This consent authorizes Dr. Morgan to use psychometric, psychosexual, psychosocial instruments, personality assessments, intelligence tests, and other inventories necessary to provide a comprehensive evaluation that satisfies the professional and ethical standards of the American Psychological Association (APA), the American Counseling Association (ACA), the Association for the Treatment of Sexual Abusers (ATSA), and the forensic expectations of state, federal and military courts.

I have been informed of the nature and purposes of this service. I have been advised that this examination is confidential, in compliance with HIPAA, and that disclosure of information pertaining to this evaluation will not be released to anyone without my written consent. If a Forensic Mental Health Evaluation, Psychosexual or Risk Assessment has been prepared for an attorney or agency, the continued confidentiality of the evaluation will be contingent on the decisions that I and my attorney make regarding disclosure of the report or listing Dr. Morgan as an expert witness in this case. This contingency also applies to Safe Children's Coalition, Child Protective Services, state, federal or military courts, other official agencies, or any individual in an official capacity associated with or with whom I have granted authority with regard to my case.

I am informed of the statutory exceptions to confidentiality that include suicidal threats, homicidal threats, and disclosure of abuse of children or the elderly, or court subpoenas issued by a judge. I understand there is no guarantee that the findings will be favorable to my case, only that they will be objective and truthful.

I understand that Dr. Morgan may consult with his associate, Dr. Ronald Aung-Din, a neurologist and psychiatrist. I understand that the confidentiality expected of Dr. Morgan applies to those with whom he consults.

I further give consent for my clinical interviews with Dr. Morgan to be audio/video recorded for accuracy of information I submit to him during my clinical interview(s) and quality purposes of the forensic mental health evaluation.

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*Client's Signature*

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*Date*

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*Evaluator's Signature*

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*Date*

# MEDICAL HISTORY

Please check ( ✓ ) all your current physical, neurological, and behavioral conditions.

General Physical	Neurological	Behavioral
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Brain Surgery	<input type="checkbox"/> Weight Gain / Loss (circle which)
<input type="checkbox"/> Liver Problems	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Appetite Changes
<input type="checkbox"/> Lung Problems	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Bulimia / Anorexia (circle which)
<input type="checkbox"/> Allergies	<input type="checkbox"/> Concussion	<input type="checkbox"/> Food Cravings
<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke	<input type="checkbox"/> Impotence
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Brain Tumor	<input type="checkbox"/> Compulsive Sexual Activity
<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Seizures (including epilepsy)	<input type="checkbox"/> Heat/cold sensitivity
<input type="checkbox"/> Visual Problems	<input type="checkbox"/> Headaches / Migraines	<input type="checkbox"/> Speech Problems
<input type="checkbox"/> Weakness	<input type="checkbox"/> Neuropathic Pain	<input type="checkbox"/> Alcohol Consumption
<input type="checkbox"/> Problems Walking	<input type="checkbox"/> Blackouts	<input type="checkbox"/> (Description/type _____)
<input type="checkbox"/> Unusual Hair Loss	<input type="checkbox"/> Amnesia	<input type="checkbox"/> (Amount per week _____)
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Headaches	<input type="checkbox"/> Tobacco Usage
<input type="checkbox"/> Menstrual Irregularities	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Urinary / Kidney Problems	<input type="checkbox"/> Sensory Distortion	<input type="checkbox"/> Change in Sexual Drive
<input type="checkbox"/> Thyroid Dysfunction	<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Personality Change <sup>[SEP]</sup>
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Physical Change
<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Episodic Disorientation	<input type="checkbox"/> Constant Hunger
<input type="checkbox"/> Rashes	<input type="checkbox"/> Electro-Shock Therapy	<input type="checkbox"/> Déjà vu
<input type="checkbox"/> Tremors	<input type="checkbox"/> Autism	<input type="checkbox"/> ADD / ADHD
	<input type="checkbox"/> Tourette's Syndrome	<input type="checkbox"/> OCD

List all prescription and over-the-counter medications currently used:

Prescription Medication	Dosage	Prescription Medication	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all non-prescription, over-the-counter medications and vitamin/mineral therapies currently used:

Non-Prescription Medication	Dosage	Non-Prescription Medication	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PERSONAL HISTORY / PROBLEM EVALUATION

### BASIC PROBLEM IDENTIFICATION

*Please check any of the follow symptoms or conditions you have had or are now experiencing.*

<u>CONDITION:</u>	<u>PAST</u> <i>More than 6 months</i>	<u>PRESENT</u> <i>Less than 6 months</i>	<u>CONDITION:</u>	<u>PAST</u> <i>More than 6 months</i>	<u>PRESENT</u> <i>Less than 6 months</i>
Mood high & lows	_____	_____	Physical abuse from others	_____	_____
Irritability	_____	_____	Sexual abuse from others	_____	_____
Excessive stress	_____	_____	Excessive worries	_____	_____
Crying spells	_____	_____	Difficulty concentrating	_____	_____
Phobias or fears	_____	_____	Hearing unseen voices	_____	_____
Confusion	_____	_____	Frequent loss of temper	_____	_____
Low self-esteem	_____	_____	Acting out violence	_____	_____
Compulsive behaviors	_____	_____	Frequent residence changes	_____	_____
Depression	_____	_____	Frequent employment change	_____	_____
Extreme nervousness	_____	_____	Bed wetting past age 6	_____	_____
Lack of Motivation	_____	_____	Fire setting past age 6	_____	_____
Indecisiveness	_____	_____	Blaming others frequently	_____	_____
Loss of memory	_____	_____	Lack of sexual desire	_____	_____
Fantasizing	_____	_____	Compulsive Sexual Activity	_____	_____
Use of pornography	_____	_____	Spiritual confusion	_____	_____
Physical abuse of children	_____	_____	Thoughts of suicide	_____	_____
Sexual abuse of children	_____	_____	Difficulty reading	_____	_____
Physical abuse of others	_____	_____	Inability to comprehend math	_____	_____
Excessive sexual activity	_____	_____	Inability to express yourself	_____	_____
			Involvement with the occult	_____	_____

1. When (approximately) did you have a complete physical examination? \_\_\_\_\_ Where? \_\_\_\_\_
2. What physical disorders do you have, if any? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Describe your current relationship to God. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe your **family of origin's** (parents, siblings, aunts/uncles, grandparents, etc.) attitudes toward sex, and their sexual behaviors, as best you remember them, and how they have influenced your own attitudes and behaviors toward sex.

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Describe how **religion or spirituality** influenced the development of you and your family of origin's attitudes and behaviors toward sex. How did these change during your lifespan and the lifespan of your family members?

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Describe how your **cultural and ethnic heritage** influenced the development of you and your family of origin's attitudes and behaviors toward sex. How did these change during your lifespan and the lifespan of your family members?

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Other major influences:

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## SEXUAL THOUGHTS & BEHAVIORS

The three recurring sexual thoughts that are of most concern to me are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I overcome these thoughts by: \_\_\_\_\_  
\_\_\_\_\_

The three sexual behaviors that I have the most difficulty controlling are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I overcome these behaviors by: \_\_\_\_\_  
\_\_\_\_\_

The three situations that I must avoid in order not to risk reoffending are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I successfully avoid these situations by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SUBSTANCE USE/ABUSE/DEPENDENCE HISTORY

Describe your family of origin's use of alcohol, during your childhood, and how it affected you.

<i><b>Relationship</b></i>	<i><b>Description of use/abuse</b></i>	<i><b>Type of treatment</b></i>	<i><b>How it affected you</b></i>

Describe your own use of alcohol, throughout your lifespan, including any problems that the use/abuse of alcohol has caused, including your current use.

<i><b>Age</b></i>	<i><b>Type</b></i> (beer, wine, liquor)	<i><b>Frequency</b></i>	<i><b>Amount</b></i>	<i><b>Reason for use</b></i>	<i><b>How it affected you</b></i>	<i><b>Last use</b></i>

Describe the use of illicit substances and abuse of prescription medications of the members of your family of origin, and how it affected you.

<i><b>Age</b></i>	<i><b>Type</b></i> (opioids, marijuana, hallucinogens, etc.)	<i><b>Frequency</b></i>	<i><b>Amount</b></i>	<i><b>Reason for use</b></i>	<i><b>How it affected you</b></i>	<i><b>Last use</b></i>

# MENTAL HEALTH HISTORY

Describe the history of mental health issues within your family of origin. \_\_\_\_none

<i>Relationship</i>	<i>Mental Health Issue</i>	<i>Treatment received</i>	<i>How their illness affected you &amp; your family</i>

Describe mental health treatment that you have received. \_\_\_\_none

<i>Age</i>	<i>Diagnosis</i>	<i>Treating physician or mental health clinician</i>	<i>Type of treatment</i>	<i>Medications prescribed</i>

## If I have committed or in accused of committing a sexual violation

I was \_\_\_\_ years of age when I *committed* my first sex-related offense, but did not get caught  
 I was \_\_\_\_ years of age when I was *caught/charged with* committing a sex offense  
 I was \_\_\_\_ years of age when I was *arrested* for my first sex-related offense  
 I was \_\_\_\_ years of age when I was *convicted* for my first sex-related offense  
 I have been charged \_\_\_\_ times and convicted \_\_\_\_ for a sex-related offense  
 I was incarcerated for \_\_\_\_ years for my sex offense(s)

The gender of my victim(s): \_\_\_\_ males only \_\_\_\_ females only \_\_\_\_ males & females

The age group of my victim(s): 
 ☐ 1 to 5 years of age 
 ☐ 6 to 10 years of age 
 ☐ 11 to 15 years of age 
 ☐ 16 to 20 years of age 
 ☐ 21 to 25 years of age 
 ☐ 26 to 49 years of age 
 ☐ elderly (age 50 and over)

My relationship to my victim(s) was:

- ☐ strangers that were not related to me by blood or marriage  
☐ a biological child ☐ a foster/adopted child ☐ a stepchild  
☐ a grandchild, niece, or nephew ☐ a child left in my care/neighbor's care

# SEXUAL BEHAVIOR CONSEQUENCES

(Check all that apply to you)

## Emotional Consequences:

- ☐ suicidal thoughts or feelings (last time this occurred was \_\_\_\_\_)
- ☐ suicide attempt (when \_\_\_\_\_ by what method \_\_\_\_\_)
- ☐ homicidal thoughts or feelings
- ☐ extreme hopelessness or despair
- ☐ failed efforts to control sexual acting out
- ☐ loss of self esteem
- ☐ emotional instability (e.g., depression, paranoia, anxiety, etc.)
- ☐ feeling like I'm leading two lives
- ☐ acting against my values & beliefs
- ☐ strong feelings of guilt
- ☐ strong feelings of shame
- ☐ emotional exhaustion
- ☐ strong feelings of being isolated and lonely
- ☐ strong fears about my future
- ☐ rejection by family/friends

## Physical Consequences:

- ☐ continued sexual behaviors despite the risk of disease or infection to myself/others
- ☐ venereal disease(s)
- ☐ AIDS or AIDS Related Complex
- ☐ risk of unwanted pregnancy due to inadequate use of birth control
- ☐ abortion as a means of birth control (self or partner) (when \_\_\_\_\_)
- ☐ physical injury to genitals, breasts, colon, etc.
- ☐ physical exhaustion
- ☐ extreme weight gain
- ☐ extreme weight loss
- ☐ eating disorder(s)
- ☐ ulcers
- ☐ high blood pressure
- ☐ other \_\_\_\_\_
- ☐ victim of rape (provide details in the "comments" section of this form)

## Family & Partnership Consequences:

- ☐ rejection by some members of my family of origin
- ☐ rejection by my spouse/partner
- ☐ loss of respect from some members of my family of origin
- ☐ loss of respect from spouse/partner
- ☐ loss of respect from my child/ren
- ☐ marital/relationship problems
- ☐ jeopardizing the well-being of my family
- ☐ my children experiencing emotional and/or mental suffering
- ☐ unable to participate in family functions where minor children may be present
- ☐ unable to attend my children's school activities

**Social Consequences:**

- ☐ loss of important friendship(s)
- ☐ unable to pursue hobbies/activities
- ☐ arrest(s) for sex-related crimes
- ☐ arrest(s) for nonsexual-related crimes
- ☐ lawsuits/malpractice suits
- ☐ stealing/embezzling to support behavior
- ☐ financial distress
- ☐ loss of freedom (curfew, etc.)

**Career/Educational Consequences:**

- ☐ termination from job
- ☐ demotion at work
- ☐ passed over for promotion
- ☐ loss of respect from employer/co-workers
- ☐ decrease in productivity
- ☐ loss of opportunity to work in my chosen career field
- ☐ unable to secure employment due to my sex-related crime(s)
- ☐ forced to take a job below my capabilities, just to have an income
- ☐ forced to change my career
- ☐ formal investigation by a licensing board
- ☐ loss of licensure/certification needed to pursue my chosen career
- ☐ loss of vocational opportunities
- ☐ loss of educational opportunities
- ☐ loss of a business
- ☐ declared bankruptcy
- ☐ home was foreclosed on
- ☐ disciplinary action(s)\_\_\_\_\_

**Spiritual Consequences:**

- ☐ anger at God/higher power
- ☐ loss of faith in anything spiritual
- ☐ feeling disconnected from others
- ☐ feeling abandoned by God/higher power
- ☐ unable to attend the church of my choice
- ☐ being rejected by people that used to attend church with me

Other negative consequences that were not identified in this section include:

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## MAJOR LIFE EVENTS OF A SEXUAL NATURE

Include only those key items related to your sexuality such as traumatic events, most vivid memories, victimization, onset & frequency of masturbation, sexual experimentation, dating experiences, sexual fantasies, same-sex relationships, committed relationships & marriages (sexual compatibility), forms of sexual stimulation you have used (pornography, sex toys, etc.), frequency of visiting topless bars, frequency of sex with prostitutes, periods of sexual dysfunction, and other sexual patterns throughout your lifespan. Begin with your earliest memory of a sexual thought and first sexual behavior, and carry it forward to your current sexual thoughts and behaviors. Continue on a separate piece of paper if you fill this one up. (Place the age at the time of each event on the column to the left).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## SELF-REFLECTION

My greatest personal losses, as the result of my sexual behaviors, have been:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

My sexual fantasies usually involve me thinking about:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following “triggers” make me want to repeat unhealthy sexual behaviors (people, places, events & situations that provoke an **unwanted** sexual arousal).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## DETAILED SEXUAL HISTORY

Please read each statement carefully. If the statement reflects a behavior, feeling, or thought that has ever been part of your experience, click on the box in front of the statement. Next, for each statement that you check, use the scale provided to write the number in the FREQUENCY column, which indicates how often you experience that behavior, thought, or feeling. Finally, write the number in the POWER column which indicates the overall strength (influence, control) that the behavior, thought, or feeling had in your expression of sexuality.

<b>Frequency:</b>	1 = one time	2 = seldom	3 = occasional	4 = often	5 = very often
<b>Power:</b>	1 = very low	2 = low	3 = moderate;	4 = high	5 = very high

		FREQ	POWER
1.	Thinking or obsessing about sex-related matters	___	___
2.	Fantasizing about past or future sexual experiences	___	___
3.	Neglecting responsibilities in order to prepare for an episode	___	___
4.	Thinking that sex is love	___	___
5.	Thinking "I'll find my lover next time, if I keep looking"	___	___
6.	Thinking that having sex with someone gives me power	___	___
7.	Feeling a need to be sexual, in order to feel good	___	___
8.	Suppressing my sexual feelings for periods of time	___	___
9.	Denying my sexuality	___	___
10.	Deluded thoughts ("I need to masturbate in order to sleep")	___	___
11.	Having sex even though I don't want to at the time	___	___
12.	Feeling depressed following a sexual encounter	___	___
13.	Feeling hopeless or unworthy following a sexual encounter	___	___
14.	Feeling anxious between periods of sexual encounters	___	___
15.	Using sex as a means to find love	___	___
16.	Masturbating yourself (while alone)	___	___
17.	Masturbating with an object (while alone)	___	___
18.	Masturbating to the point of physical injury or infection	___	___
19.	Masturbating in public places, without being seen	___	___
20.	Masturbating in public places, hoping to be seen	___	___
21.	Masturbating in a vehicle (while alone)	___	___
22.	Masturbating in a vehicle, hoping to be seen	___	___
23.	Masturbating with an electrical device (while alone)	___	___
24.	Looking at sexually explicit magazines at home (while alone)	___	___
25.	Looking at sexually explicit magazines at work (by yourself)	___	___



		FREQ	POWER
26.	Watching sexually explicit videos or on-line porn (alone)	___	___
27.	Making sexually explicit videos or photographs/sexting	___	___
28.	Patronizing adult bookstores (alone, for personal pleasure)	___	___
29.	Viewing child pornography (alone or with someone else)	___	___
30.	Patronizing topless bars for sexual stimulation	___	___
31.	Patronizing massage parlors for sexual stimulation	___	___
32.	Being sexually stimulated by advertisements that are not intended to be sexually explicit	___	___
33.	Looking for sexually suggestive moments on TV or films	___	___
34.	Maintaining a collection of pornographic materials	___	___
35.	Paying someone to perform a sexual activity	___	___
36.	Patronizing phone sex services	___	___
37.	Patronizing an escort service	___	___
38.	Receiving money in exchange for sexual activity	___	___
39.	Receiving gifts in exchange for sexual activity	___	___
40.	Pimping others for sexual activity	___	___
41.	Spending money on someone to get sex	___	___
42.	Giving sexual favors because someone spends money on you	___	___
43.	Having many sexual relationships at the same time	___	___
44.	Having one-night stand	___	___
45.	Having sexual affairs outside your primary relationship	___	___
46.	Engaging in sex with an anonymous partner	___	___
47.	Swapping sexual partners	___	___
48.	Urging your partner to have sex with others	___	___
49.	Participating in group sex	___	___
50.	Cruising beaches, parking lots, etc. for sexual arousal	___	___
51.	Experimental sex with a same-sex partner	___	___
52.	Exposing yourself from a vehicle	___	___
53.	Exposing yourself from a stage or for hire	___	___
54.	Exposing yourself from your home	___	___
55.	Exposing yourself through your choice of clothing	___	___
56.	Exposing yourself in showers, locker rooms, restrooms	___	___
57.	Watching people through windows of their house/apartment	___	___
58.	Using binoculars/telescopes to watch people	___	___
59.	Hiding in secret places in order to listen to/watch people	___	___

60.	Asking strangers inappropriate personal sexual data	—	—
61.	Sexualizing others you see in public places	—	—
62.	Sexualizing others in health clubs, locker rooms, etc.	—	—
63.	Touching or fondling people inappropriately	—	—
64.	Bringing sexualized humor into our conversation	—	—
65.	Using flirtatious or seductive behavior to gain attention	—	—
66.	Making inappropriate sexual advances toward others	—	—
67.	Making unwanted sexual advances toward others	—	—
68.	Touching people, but acting as if it was an accident	—	—
69.	Forcing sexual activity on a child outside of your family	—	—
70.	Forcing sexual activity on your spouse/partner	—	—
71.	Forcing sexual activity on a member of your family (brother, sister, etc.)	—	—
72.	Forcing sexual activity on an acquaintance	—	—
73.	Forcing sexual activity on a person you do not know	—	—
74.	Engaging in sexual activity with a consenting minor	—	—
75.	Exposing children to sexual activities	—	—
76.	Sharing inappropriate sexual information with a child	—	—
77.	Using a power position to gain sex from another person (teacher, employer, supervisor, etc.)	—	—
78.	Administering drugs to someone to gain sex	—	—
79.	Using alcohol to take advantage of someone else	—	—
80.	Cross-dressing (when alone)	—	—
81.	Engaging in sexual activities with animals	—	—
82.	Using illicit substances to enhance your sexual experience	—	—
83.	Receiving physical harm/pain during sexual activity in order to intensify your sexual pleasure	—	—
84.	Causing physical harm/pain to intensify your pleasure	—	—
85.	Seeking humiliating/degrading experiences as part of sex	—	—
86.	Having sex with a corpse	—	—

Describe any other sexual activities that have not already been covered.

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