

Elyn Tromeo, LPC, ATR
Art Therapy and Counseling
720-837-3754
General Information and Lifestyle Habits

Name: _____ **Date of Birth:** _____

Address: _____

Telephone number: _____ **Email address:** _____

Relationship Status: _____ **Do you have children?** _____

List any medications you take on a regular basis: _____

Do you have any medical or physical conditions that might also affect your mood or feelings? _____

If yes, please describe: _____

Do you drink alcohol or take recreational drugs on a regular basis? _____

If yes, please describe, including what, how much, and how often: _____

Do you exercise regularly? _____ **If yes, please describe the kind of exercise, frequency and intensity:** _____

How much screen time do you engage in on a daily basis? Please describe how much time you spend online and what you engage with online (social media, news and political sites, shopping):

How much television do you watch on a daily basis, and what sorts of shows do you watch?

Describe your relationship with food: _____
