My House Intensive for Men
Participant Information Form

BASIC INFORMATION

Name (s): ____ Date of Birth________________
Address: ____

____

Please provide contact phone number(s) and indicate your preferred number.

Phone: ______________Leave a message? ___ yes ___ no preferred? ___ yes ___ no

Please provide the name and contact phone number(s) for an individual we can contact in the event of an emergency:

Name: ___________________ Phone: ______________Leave a message? ___ yes ___ no

Name: ___________________ Phone: ______________Leave a message? ___ yes ___ no

PERSONAL BACKGROUND

Occupation(s): ____

Marital Status __________________ If married, how long? _________ If separated, how long? _________ If married, does your spouse know you are attending? ___ Yes ___ No

If you have been married before, please provide dates for marriage(s) and divorce(s):

____

Please describe briefly the concern or situation, which led you to the intensive at this time:

____

____

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____

How long has this been a concern? ____________
Have you experienced this type of concern before? __________ If so, when?________________

Have you ever had counseling before? _________ If so, when and why?

____

____

____

Was it helpful? ______ If not, why not? ____

Are you taking medication prescribed for any psychiatric or emotional difficulties? ___ Yes ___ No
If yes, please list:

____

Are you taking illegal substances or non-prescribed medications to manage any psychiatric or emotional difficulties? ___ Yes ___ No
If yes, please list:

____

Have any other biological relatives had concerns similar to yours, or had any other psychiatric or emotional difficulties? ___ yes ___ no

Primary Symptoms: (check all that apply)

___ very unhappy	___ impulsive	___ parenting problems
___ irritable	___ stubborn	___ stealing
___ temper outbursts	___ panic attacks	___ repetitive/ritualistic behaviors
___ withdrawn	___ lying	___ grief
___ daydreaming	___ mean to others	___ employment problems
___ fearful	___ destructive	___ financial stress
___ worry	___ trouble with the law	___ legal problems
___ overactive	___ health problems	___ violence
___ slow	___ self-mutilating	___ eating problems
___ short attention span	___ stressed out	___ sleeping problems
___ distractible	___ relationship problems	___ sexual problems (ED, premature, etc)
___ lacks initiative	___ shy	___ drug use
___ undependable	___ strange behavior	___ alcohol use
___ social problems	___ strange thoughts	___ suicidal thoughts
___ crying spells	___ physical abuse	___ homicidal thoughts
___ hair pulling	___ sexual abuse	___ same sex attraction

Please provide additional detail, as needed:

____

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Do you have any allergies that the My House staff needs to be aware of? ___ Yes ___ No

If yes, please describe:

____

____

Do you have any health or medical conditions that the My House staff needs to be aware of?
___ Yes ___ No If yes, please describe:

____

____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please provide additional detail: ____

____

What are your goals for the intensive weekend?

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Is there anything else you feel is important for the My House staff to know?

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____

RELIGIOUS AND SPIRITUAL BACKGROUND

Do you consider yourself spiritual? Yes No Religious? Yes No

Comment ____

Do you currently express this spirituality through religious practice? Yes No

Comment ____

PERSONAL SEXUAL HISTORY

My earliest sexual memory is ____

____

This occurred at or around age ________

I discovered masturbation at or around age _______

I discovered pornography at or around age _______

I discovered other sexual behaviors (ie oral sex, intercourse, etc) at or around age _______

The story of my formal sexual education process is ____________________________________

____

My first experience of sexual intercourse was ____

____ occurred at or around age ________

I have experienced unwanted sexual contact in my life (check one): ___ Yes ___ No ___ Unsure

If yes, please describe: ____

____

Describe the typical sexual behaviors you participate(d) in during your dating relationships (ie heavy petting, oral sex, etc): ____

____

(If applicable, rate /frequency 1-10 with 1 = low and 10 = high)

I got married at age _______. Sexual intercourse in the marriage is best described as ______________________ and occurs approximately ____ times per month. My satisfaction with the quality of sexual intimacy in the marriage is ____ and my satisfaction with the frequency of intercourse is ____.

I have lost relationships (ie break-up, divorce, etc) due to my sexual behavior: ___ Yes ___ No

If yes, please describe: ____

____

Check the following behaviors that apply to you since age 18 (if not applicable, leave blank):

___ Masturbation ___ Past (last date of use __________) ___ Current

___ Pornography ___ Past (last date of use __________) ___ Current

___ Sexting/sexual chatting ___ Past (last date of use __________) ___ Current

___ Erotic massage ___ Past (last date of use __________) ___ Current

___ Escort/prostitute ___ Past (last date of use __________) ___ Current

___ Affair (emotional) ___ Past (last date of use __________) ___ Current

___ Affair (physical) ___ Past (last date of use __________) ___ Current

___ Anonymous sex/hook-up ___ Past (last date of use __________) ___ Current

___ Voyeurism ___ Past (last date of use __________) ___ Current

___ Exhibitionism ___ Past (last date of use __________) ___ Current

___ Addictive sex in marriage___ Past (last date of use __________) ___ Current

___ Fetish-based sex ___ Past (last date of use __________) ___ Current

___ Other: ______________ ___ Past (last date of use __________) ___ Current

Please provide any additional details or insights you think might be helpful to the My House staff:

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AFTERCARE

Are you interested in working with the My House staff for ongoing therapy or recovery coaching?
___ Yes ___ No