



- Traumatic Brain Injury (TBI)                       Other: \_\_\_\_\_  
 Borderline Personality Disorder  
 Depression  
 Developmental Disability

Are you currently receiving any mental health services in the community:  Yes  No

Current Provider: \_\_\_\_\_

Name of Counselor/Therapist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Do you take medications for any mental health diagnoses?** *If so*, please list medications and reason for prescription: \_\_\_\_\_

### Military Service

**Have you served in the armed forces?**  Yes  No *If yes*, which branch? \_\_\_\_\_

Dates of Service: \_\_\_\_\_ What type of discharge did you receive? \_\_\_\_\_

Did you receive any disciplinary action?  Yes  No *If yes*, explain: \_\_\_\_\_

### Family/Partner Status

**Are you:**  single     married     in a partnership     divorced     separated     other

**Name of partner (s):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **How long have you been together?** \_\_\_\_\_

**Is your partner on supervision?**  Yes  No PO name: \_\_\_\_\_

**Is your partner the victim of your current offense:**  Yes  No

**Name :** \_\_\_\_\_ (*first and last*) **Phone #:** \_\_\_\_\_

Respectfully,  
*Probation & Parole Staff*

\_\_\_\_\_  
**Client's Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**