

PERSONAL HISTORY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Single Married Divorced Engaged Widowed Partnered

Other (please explain) \_\_\_\_\_ Sex: F M

Address: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (office) \_\_\_\_\_

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

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for seeking services: \_\_\_\_\_

When were you first aware of the problem? \_\_\_\_\_

Who referred you? \_\_\_\_\_

How would you rate the severity of your feelings and symptoms?

MILD MODERATE SEVERE OVERWHELMING

Describe current alcohol use

Describe current use of other substances (marijuana, tranquilizers, painkillers, sleeping pills etc)

Past substance abuse treatment (include description of AA, NA, and other treatment):

Have you ever been hospitalized for any psychological problem? YES NO

(if yes, list dates and reason for admission) \_\_\_\_\_

Do you have a history of suicidal or homicidal impulses?    N/A    THOUGHTS ONLY

SERIOUS INTENT

PLANS

ATTEMPT

If yes, please explain \_\_\_\_\_

Has any relative ever attempted or committed suicide? \_\_\_\_\_

Do you have a history of cutting or other forms of self-inflicted violence?    NO    YES

If yes, please explain \_\_\_\_\_

### **HISTORY**

Have you been married? \_\_\_\_\_                      How long? \_\_\_\_\_

Have you been divorced? \_\_\_\_\_                      When? \_\_\_\_\_

Do you have children? \_\_\_\_\_                      Ages/Sex \_\_\_\_\_

During your childhood, were there any significant childhood illnesses, emotional problems, neglect, and/or losses of significant others? (please explain) \_\_\_\_\_

Do you have a history of physical, emotional, and/or sexual abuse? (please explain) \_\_\_\_\_

By who were you raised? \_\_\_\_\_

Describe your relationship with your mother. \_\_\_\_\_

Describe your relationship with your father. \_\_\_\_\_

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Please describe what your parents were like as a couple. \_\_\_\_\_

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Please describe your childhood home environment. \_\_\_\_\_

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Please list ages/gender of siblings. \_\_\_\_\_

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### EDUCATIONAL/VOCATIONAL HISTORY

What is your highest level of education attained?

Less than High School    High School    Some College    College    Graduate

Are you satisfied with your level of education? \_\_\_\_\_

Any vocational training? \_\_\_\_\_

Were you involved in social/extracurricular activities in high school? \_\_\_\_\_

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Did you serve in the military?            YES            NO

If yes, then describe branch, dates of service, and discharge status: \_\_\_\_\_

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What type of work do you do now? \_\_\_\_\_

How long have you worked in this vocation? \_\_\_\_\_

Are you happy in your choice of career? \_\_\_\_\_

How many hours/week do you work? \_\_\_\_\_

(if applicable) Does your spouse work outside the home? \_\_\_\_\_

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Please circle your approximate yearly household income:    \$0-14,999    15,000-29,000

30,000-49,999            50,000-79,999            80,000-99,999            100,000 and up

Are you having financial difficulties? (if yes, please explain) \_\_\_\_\_

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Are you currently on medical leave, laid off, or have other work-related difficulties? \_\_\_\_\_

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## **SOCIAL HISTORY**

Do you make friends easily? \_\_\_\_\_ Do you keep them? \_\_\_\_\_

Do you have a close friend with whom you feel safe sharing personal information? \_\_\_\_\_

How do you spend your time socially? \_\_\_\_\_

What are your hobbies/interests? \_\_\_\_\_

Have you noticed a change in your activity level? \_\_\_\_\_

Who is/are the most important person(s) in your life? \_\_\_\_\_

Were you raised in a religious home? \_\_\_\_\_

Do you practice a religion formally? \_\_\_\_\_

How would you rate how important your faith is in your current life?

Very Important      1      2      3      4      5      Not at all

Are you currently in a monogamous relationship? \_\_\_\_\_ How long \_\_\_\_\_

Are you happy in this relationship? \_\_\_\_\_ Explain \_\_\_\_\_

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## **MEDICAL/PHYSICAL HISTORY**

Who is your primary care physician? \_\_\_\_\_

Phone \_\_\_\_\_ Address: \_\_\_\_\_

When was your last appointment? \_\_\_\_\_ Why? \_\_\_\_\_

Are you currently taking any medications? (if yes, name/frequency/dosage) \_\_\_\_\_

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Do you take any over-the-counter meds regularly? \_\_\_\_\_

Do you take any homeopathic or herbal supplements? \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Please list any medications you have previously taken that you were on for at least 6 months: \_\_\_\_\_

\_\_\_\_\_

Please list any hospitalizations/surgeries/medical procedures: \_\_\_\_\_

\_\_\_\_\_

Please list any family history of medical or emotional problems: \_\_\_\_\_

\_\_\_\_\_

What gives you the most joy or pleasure in your life?

\_\_\_\_\_

\_\_\_\_\_

What are your main worries and fears?

\_\_\_\_\_

\_\_\_\_\_

What are your most important hopes and dreams?

\_\_\_\_\_

\_\_\_\_\_

List three main goals you would like to achieve from psychotherapy?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Any other information you would like to share or feel is pertinent?

\_\_\_\_\_

\_\_\_\_\_