

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._____

Please describe what your parents were like as a couple. _____

Please describe your childhood home environment. _____

Please list ages/gender of siblings. _____

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? _____

Did you serve in the military? YES NO

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

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? _____

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) _____

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

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 _____

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) _____

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?
