

Biographical Information - Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Consent for Services form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

NAME: _____ MALE/FEMALE: _____ DATE: _____

DATE OF BIRTH and PLACE OF BIRTH: _____ AGE: _____

ADDRESS: _____

TELEPHONES: Cell: _____ Home/Work: _____

Is it okay to leave a message or send a text to the phone numbers you listed: _____

RELATION/PHONE): _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

REFERRAL SOURCE: _____

OCCUPATION (former, if retired): _____

Relationship Status: Are you married, separated, divorced or widowed? Do you have a partner? Are you living together? _____

PLEASE DESCRIBE THE HISTORY OF YOUR RELATIONSHIPS (names, years together, and statement about the nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

Please use the back of this page to add any additional information.

PRESENT SPOUSE/PARTNER: Education: _____

Occupation: _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person.)

1. _____
2. _____
3. _____

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship.):

Father: _____

Mother: _____

Stepparents: _____

SIBLINGS (name/age, if deceased: age and cause of death and brief statement about the relationship.):

1. _____
2. _____
3. _____

Please use the back of this page to add any additional information.

MEDICAL DOCTOR(S) (name/phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, etc.):

SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: e.g., cancer, epilepsy, etc):

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY:

Please use the back of this page to add any additional information.

PAST/PRESENT PSYCHOTHERAPY (specify: month year(s) (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Individual/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1. _____

2. _____

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED: Your age at the time: _____.

Describe how it affected you at the time

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

Please use the back of this page to add any additional information.

Presenting problem (what is bother you most or what do you wish you could improve, please be as specific as possible):

How will you know when things are getting better (please describe what will be different and who will notice)?

What hobbies or interests bring you pleasure:

What are some of the things you value most:

Please use the back of this page to add any additional information.