

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 Office Policy form. 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. **Please do NOT trigger yourself w/your answers – if necessary, do not answer such questions.**

NAME: _____ AGE: _____ SEX: _____ DATE: _____

BIRTH DATE: _____ BIRTH PLACE: _____

SEXUAL ORIENTATION: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: Home: _____ Cell: _____ Work/Office: _____

FOR ROUTINE MESSAGES: Phone # _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____

PERSON & PHONE NO. TO CALL IN EMERGENCY:

REFERRAL SOURCE: _____

WHY ARE YOU SEEKING THERAPY? (be as specific as you can):

Estimate the severity of above problem: Mild Moderate Severe Very Severe

EDUCATION HISTORY (include highest level achieved):

WORK HISTORY (include present employer and occupation):

CURRENT HOUSEHOLD: Marital status: _____ Live with someone: _____

Name: _____ Years: _____ Relationship: _____

Education: _____ Occupation: _____

Other members of household (name/age/gender/relation):

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RELATIONSHIP HISTORY (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

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

1. _____
2. _____
3. _____
4. _____
5. _____

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

Father: _____

Mother: _____

Step-parents: _____

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

1. _____
2. _____
3. _____
4. _____
5. _____

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

IF PARENTS DIVORCED: Your age at the time: _____, Describe how it affected you at the time:

DESCRIBE EVENTS/TIMES THAT WERE TRAUMATIC FOR YOU (Describe times when your system felt overwhelmed, such as abusive/alcoholic parent, sexual abuse, physical abuse, emotional abuse, neglect, pre- and perinatal experiences, accidents, deaths, school trauma, frequent moves, immigration, incarceration, natural disasters, terrorism, war, rape, attacks, oppression, spiritual emergencies, etc.)

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

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

MEDICAL DOCTOR/S (name /phone): _____

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

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

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

SUICIDE ATTEMPTS, IDEATION or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc)

CURRENT SOCIAL SUPPORT NETWORK (friends, support groups, affinity groups, etc.):

WHAT DO YOU DO TAKE CARE OF YOURSELF PHYSICALLY AND EMOTIONALLY?

PERSONAL WELL BEING (include sleep patterns, eating patterns, body image, energy level, attitude)

HOW ARE YOU AROUND OTHER PEOPLE (how are you typically, how do you feel, etc.)?

SPIRITUALITY/RELIGION (identity at birth; current practice, community):

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

1. _____

2. _____

3. _____

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):

WHAT GIVES YOU THE MOST JOY OR PLEASURE IN YOUR LIFE?

WHAT ARE YOUR MAIN WORRIES AND FEARS?

WHAT ARE YOUR MOST IMPORTANT HOPES OR DREAMS?

ANY OTHER INFORMATION YOU WOULD LIKE ME TO KNOW?

