

# 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):

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**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.):

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**IF PARENTS DIVORCED:** Your age at the time: \_\_\_\_\_, Describe how it affected you at the time:

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**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. )

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

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

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**MEDICAL DOCTOR/S** (name /phone): \_\_\_\_\_

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

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# Biographical Information-Intake Form

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

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

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

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

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

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

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

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

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# Biographical Information-Intake Form

**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?**

\_\_\_\_\_

\_\_\_\_\_