

BIOGRAPHICAL INFORMATION – Intake Form

Please fill out as completely as possible and bring with you to our first session. It will help me in our work together. If you do not choose to answer any question, merely write "Choose not to answer."

DATE:

NAME:

GENDER:

SEXUAL ORIENTATION:

DATE OF BIRTH/PLACE:

AGE:

RACE/CULTURE/ETHNICITY:

CONTACT INFORMATION

ADDRESS: Okay to send private communication? ___ Y ___ N

TELEPHONE:

Mobile: Okay to send private communication? ___ Y ___ N

Home: Okay to send private communication? ___ Y ___ N

Office: Okay to send private communication? ___ Y ___ N

EMAIL: Okay to send private communication? ___ Y ___ N

PERSON AND PHONE NO. TO CALL IN EMERGENCY:

Phone Number:

Relationship:

REFERRAL SOURCE:

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you.):

BIOGRAPHICAL INFORMATION – Intake Form

OCCUPATION (former, if retired):

HIGHEST GRADE/DEGREE:

FIELD OF STUDY:

CURRENT MARITAL STATUS:

Live with someone:

Name:

Years:

PAST & PRESENT MARRIAGE (S) (name, years together, & statement about the nature of the relationship, i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

PRESENT SPOUSE/PARTNER:

Education:

Occupation:

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

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:

BIOGRAPHICAL INFORMATION – Intake Form

IF PARENTS DIVORCED:

Your age at the time:

Describe how it affected you at the time:

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

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

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.):

CURRENT MEDICAL DOCTOR/S (name /phone):

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

BIOGRAPHICAL INFORMATION – Intake Form

Specify all MEDICATIONS you are presently taking and reason prescribed:

PAST/PRESENT DRUG/ALCOHOL USE (describe nature of past use, treatment, AA, NA, time sober, etc.):

Do you currently consume any of the following? If so, please state how much at one time and how often per week:

Alcohol: Amount: _____ Frequency: _____

Tobacco: Amount: _____ Frequency: _____

Caffeine: Amount: _____ Frequency: _____

Other substances?

What? _____

Amount: _____ Frequency: _____

What? _____

Amount: _____ Frequency: _____

PAST/PRESENT SUICIDE ATTEMPT/S (describe ages, reasons, circumstances, how, etc.):

Did it result in hospitalization? _____ Y _____ N

If yes, please list date and duration of hospitalization and nature of aftercare:

Do you currently experience thoughts or impulses to hurt yourself?

PAST/PRESENT SELF-INJURIOUS BEHAVIOR (describe age, reasons, circumstances, how, etc):

BIOGRAPHICAL INFORMATION – Intake Form

PAST/PRESENT VIOLENT BEHAVIOR (describe ages, reasons, circumstances, how, etc.):

Did it result in hospitalization/involvement of law enforcement? _____ Y _____ N

If yes, please list date and duration and nature of aftercare:

Do you currently experience thoughts or impulses to hurt others?

PAST/PRESENT TRAUMA (describe ages, circumstances, etc.)

PAST/PRESENT PSYCHOTHERAPY

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

Have you ever been given a mental health diagnosis? If yes, what, when, and by whom were you diagnosed?

Treatment centers attended, if any (describe age, reasons, circumstances, length of treatment etc):

BIOGRAPHICAL INFORMATION – Intake Form

PAST LEGAL/LITIGATION HISTORY (Describe past incarcerations, lawsuits and other criminal or civil litigations.):

ARE YOU PRESENTLY INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION, LAW-SUITES OR DIVORCE AND CUSTODY DISPUTES? (if you answer *Yes*, please, explain.):

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

ESTIMATE HOW MANY HOURS/DAY YOU SPEND ONLINE (Facebook, YouTube, internet gaming, browsing, etc.):

Facebook: _____ YouTube: _____ Gaming: _____ Browsing: _____ Other: _____

What are your main worries and fears?

What gives you most joy or pleasure in your life?

What are your most important hopes or dreams?