



## Personal Information and History

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(other) \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Age: \_\_\_\_\_

Marital status:

Never married \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
(How long? \_\_\_\_\_)

### FAMILY HISTORY:

Father

Mother

Names: \_\_\_\_\_

Ages: \_\_\_\_\_

Where do they live? \_\_\_\_\_

If deceased, dates: \_\_\_\_\_

### Brothers and Sisters (oldest to youngest)

Name(s):	Age:	Sex:	Occupation:	Where living:	Deceased?(Y/N)

Your Children: Names:	Age:	Sex:	Grade:	Lives at home?	Step?

### PERSONAL HISTORY:

#### Employment:

Current employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Job title/duties: \_\_\_\_\_

Previous experience: \_\_\_\_\_

Military: Current \_\_\_\_\_ Previous \_\_\_\_\_ N/A \_\_\_\_\_

Branch: \_\_\_\_\_ Active duty? \_\_\_\_\_ Combat? \_\_\_\_\_

Discharge date: \_\_\_\_\_ Type of discharge: \_\_\_\_\_



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### Education:

Highest grade achieved: \_\_\_\_\_

Name of College/Vocational School: \_\_\_\_\_

Degree: \_\_\_\_\_ Graduate or Professional School: \_\_\_\_\_

Legal: Current \_\_\_\_\_ Previous \_\_\_\_\_ N/A \_\_\_\_\_

Charges: \_\_\_\_\_ Probation? \_\_\_\_\_

Court district: \_\_\_\_\_

Abuse: Current \_\_\_\_\_ Previous \_\_\_\_\_ N/A \_\_\_\_\_

Type: Verbal/Emotional \_\_\_\_\_ Physical \_\_\_\_\_ Sexual \_\_\_\_\_

Who was/is the abuser(s)? \_\_\_\_\_

Have you ever abused anyone? \_\_\_\_\_

Substance abuse: Current \_\_\_\_\_ Previous \_\_\_\_\_ N/A \_\_\_\_\_

Past week? \_\_\_\_\_ Past month? \_\_\_\_\_ Past year? \_\_\_\_\_

Type(s): \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Has alcohol/drug use ever caused a problem? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been treated for substance abuse? \_\_\_\_\_

Have you ever attended a 12-Step Group? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does anyone in your family have alcohol/addiction problems? \_\_\_\_\_

Who? \_\_\_\_\_

### Trauma:

List any significant past trauma experienced by you or those close to you (i.e., death, divorce, sickness, crime, etc.) \_\_\_\_\_

### Social History:

How do you generally get along with people? \_\_\_\_\_

How many close friends do you have? \_\_\_\_\_

What do you like to do socially,: \_\_\_\_\_

What leisure activities do you enjoy: \_\_\_\_\_

### Religion:

Religious background: \_\_\_\_\_

Do you attend a church? \_\_\_\_\_

Name of church: \_\_\_\_\_

What part, if any, does God play in your life? \_\_\_\_\_



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### Medical History:

Physician: \_\_\_\_\_ City: \_\_\_\_\_

Date last seen: \_\_\_\_\_ Reason: \_\_\_\_\_

Ongoing medical conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Pregnancies: \_\_\_\_\_ Live births: \_\_\_\_\_ Other: \_\_\_\_\_

Previous Mental Health Treatment: Yes \_\_\_\_\_ No \_\_\_\_\_

Previous counselor(s): \_\_\_\_\_

How long ago: \_\_\_\_\_ Where: \_\_\_\_\_

Treatment for: \_\_\_\_\_ How many sessions: \_\_\_\_\_

Other family members in treatment: \_\_\_\_\_

### Current Mental Health Treatment:

Are you seeing another counselor for any reason? \_\_\_\_\_

Do you have any current suicidal or homicidal thoughts/plan? \_\_\_\_\_

Past attempts? \_\_\_\_\_

### DAILY ROUTINE:

#### Eating:

How is your appetite? \_\_\_\_\_

Any changes in the last six months? \_\_\_\_\_

Recent weight loss or gain? \_\_\_\_\_

Problems in eating habits? \_\_\_\_\_

History of eating disorder? \_\_\_\_\_ Use of laxatives? \_\_\_\_\_

#### Sleeping:

How well do you sleep? \_\_\_\_\_

Any changes in the last six months? \_\_\_\_\_

Fall asleep OK? \_\_\_\_\_ Stay asleep? \_\_\_\_\_

Use of sleep aids? \_\_\_\_\_

Energy level during the day? \_\_\_\_\_

### Additional Comments or Family Issues?

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_