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Personal Information Form

A. Identification

Your name _____ Date of birth _____ Age ____

Nickname _____

Home address _____

City _____ State _____ Zip _____

Home/evening phone _____ e-mail _____

Calls or e-mail will be discreet, but please indicate any restrictions _____

Employer name _____ Type of work _____

B. Your medical care (From whom or where do you get your medical care?)

Clinic/doctor's name and phone _____

Medications and/or medical conditions _____

_____

C. Emergency information

If an emergency arises and we need to reach someone close to you, whom should we call?

Name _____

Phone _____ Relationship _____

Address _____

D. Treatment

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? ❑ No ❑ Yes If yes, please indicate**:** _____

_____

E. Family information (Include any information you would like me to know about these individuals)

Father _____

Mother _____

Brothers _____

_____

Sisters _____

_____

Stepparents _____

_____

Partner _____

Children _____

_____

Is there anything you would like me to know about your relationships with the above family members? _____

_____

_____

_____

_____

_____

F. Chemical use

1. How many cups of regular coffee do you drink each day? _____ How many cups of tea? _____ How many sodas/pop _____
2. How much tobacco do you smoke or chew each week? _____
3. Have you ever felt the need to cut down on your drinking? ❑ No ❑ Yes
4. Have you ever felt annoyed by criticism of your drinking? ❑ No ❑ Yes
5. Have you ever felt guilty about your drinking? ❑ No ❑ Yes

6. Have you ever taken a morning "eye-opener" drink? ❑ No ❑ Yes

7. How much beer, wine, or hard liquor do you consume each week, on the average? _____

9. Have you ever used inhalants such as glue, gasoline, or paint thinner? ❑ No ❑ Yes

10. Which drugs (not medications prescribed for you) have you used in the last 10 years? _____

_____

_____

G. Abuse History

Has there been any physical/emotional/sexual abuse in your past? ❑ No ❑ Yes

H. Other

Is there anything else that is important for me as your therapist to know about? _____

_____

_____

_____

_____

_____