Biographical Information

Symptoms:

Click the box beside each concern experienced recently

☐ Anxiety	☐ Depression	☐ Sleep problems	☐ Thoughts of suicide
☐ Panic	☐ Unusual thoughts	☐ Anger outbursts	☐ Changes in weight
☐ Crying spells	☐ Memory problems	☐ Sexual problems	☐ Relationship difficulties
☐ Treated unfairly	☐ Frequent pain	☐ Low energy	☐ Concentration problems
☐ Restlessness	☐ Nausea	☐ Eating disorder	☐ Legal difficulties
☐ Drug use	☐ Drinking problem	☐ Boredom	☐ Hopelessness
☐ Stress	☐ Shyness	☐ Work problems	☐ Confusion
☐ Guilt feelings	☐ Suspicion	☐ Loneliness	☐ Thoughts of hurting others
☐ Compulsions	☐ Worry	☐ Money problems	☐ Difficulty with decisions
☐ Specific fears	☐ Mourning	☐ Physical illness	☐ Poor motivation
☐ Feeling abandoned	☐ Meaninglessness	☐ Perfectionism	☐ Unusually sensitive
☐ Irritability	☐ Social withdrawal	☐ Feeling misunderstood	☐ Troublesome thoughts
☐ Religious concerns	☐ Disappointment	☐ Impulsive	☐ Hearing strange voices
☐ Feeling inferior	☐ Irrational thoughts	☐ Mood swings	☐ No problems or concerns

Enter any additional concerns or symptoms?

Recent stresses or life changes have you experienced recently?

Have you seen a therapist in the past?

Year	Problem	Therapist or clinic	How long

Your family growing up:

Relationship	First Name	Personality / Mental health issues
Mother		
Father		

If you need more space, continue below:

Childhood:

Click the box beside issues experienced in childhood

☐ Happy childhood	☐ Neglected	☐ Moved frequently
☐ Physically abused	☐ Few Friends	☐ Sexually abused
☐ Weight problems	☐ Popular	☐ Parents divorced
☐ Family fights	☐ Poor grades	☐ Conflict with teachers
☐ Drug or alcohol use	☐ Good grades	☐ Sexual problems
☐ Depressed	☐ 'Spoiled'	☐ Anxious
☐ Not allowed to grow up	☐ Attention problems	☐ Anger problems

Enter any additional childhood experiences or symptoms below:

Who lives with you now?

Relationship	First Name	Personality / Mental health issues

Where are you currently living?

Relationship history:

How many times have you been married?

How old were you at the time of your marriage(s)?

Briefly describe any problems in your current or past marriages or cohabitation relationships:

Education and Occupations:

Are you currently... ○ Working ○ In school ○ (both) ○ (neither)

Highest level of education so far?

What is (or was) your major or favorite subject?

How many hours per week are you working?

In what field do you usually work?

What is you current or most recent job title?

Briefly describe what you like and dislike about your employment or school:

Home Life:

How do you spend personal time? (list hobbies, sports, clubs, groups, family activities, etc.)

How many contacts do you have each month with friends outside of work or school?

Who can you talk with about personal feelings or private matters?

Are you satisfied with your romantic life?

Briefly describe what you like and dislike about your current romantic and friendship lives:

Health:

Check each accident or illness you have experienced:

- ☐ Recent surgery
- ☐ Seizures
- ☐ Drug/alcohol abuse treatment
- ☐ Chronic pain
- ☐ Diabetes
- ☐ Infertility
- ☐ Head injury
- ☐ Thyroid problems
- ☐ Neurological disorder
- ☐ Headaches
- ☐ Hormone problems
- ☐ Miscarriages

List any other chronic health problems you may have:

How many hours do you sleep in an average night?

How many drinks (containing alcohol) do you consume in an average week?

Which recreational drugs have you used in the last year?

List any prescription or over-the-counter medications you may take, along with the purpose of the medicine:

Do you exercise? How? How often?

Do you use tobacco? How much?

Who is your primary physician? (Include phone number if known.)

When was your last physical?

Are you concerned about your physical health?

Accomplishments / Additional Information:

List your personal strengths and important accomplishments:

List any additional information that it might be important for [YOUR NAME] to know:

What is your name? (Who filled in this form?)