BIOGRAPHICAL INFORMATION FORM

Please fill out this form as fully and openly as possible. This information is confidential and will not be released without your consent. If certain items do not apply to you, please leave them blank.

PERSONAL HISTORY

1) Name: _____ 2) Age:_____ 3) Sex: o M o F

4) Address:_____
Street City State Zip

5) Today's Date: ____ - ____ - ____ 6) Date of Birth: ____ - ____ - ____

7) Home Phone: _____-_____-_____ 8) Cell Phone: _____-_____-_____

9) Years of Education: _____ 10) Occupation: _____

11) Present Relationship Status (check any that apply):

- o Married/partnered
- o Single: How long ____years
- o In a new relationship (6 months or less)
- o Dating: o one person o several people
- o Other

12) If married/partnered, do you live with your spouse/partner? oYes oNo

13) If married/partnered, I have been in this relationship for _____ years

14) Do you have children? If so, please list their respective genders and ages:

_____

15) Who lives in your household? _____

THERAPY/COUNSELING HISTORY

16) Are you presently receiving other counseling services? oYes oNo
If yes, please briefly describe: _____
_____

17) Have you received counseling in the past? oYes oNo
If yes, what was most helpful about the previous therapist? What was unhelpful?: _____
_____
_____

18) What is your main reason for coming to counseling now?_____
_____

19) How long has this/these problem/s persisted (from #16)?_____

20) Under what conditions do your problems usually get worse?_____
_____

21) Under what conditions are your problems usually improved?_____
_____

22) How did you hear about my practice? _____

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23) May I thank someone for referring you to me? If yes, please leave that person's name and contact information here: _____

MEDICAL HISTORY

24) Name & address of your physician(s):
   a. Physician's name/address: _____

25) Have you ever been hospitalized for a *physical* reason? If so, please briefly explain:

_____

_____

26) Have you ever been hospitalized for a *mental health* issue or spent time as a patient at a mental health clinic? If yes, please explain:

_____

_____

27) Have you ever had suicidal *thoughts*? _____ Have you ever *attempted* suicide?_____

_____

28) List any major illnesses and/or operations you have had: _____

_____

29) List any physical concerns you are *currently* experiencing: (e.g. high blood pressure, headaches, etc.):

_____

30) List any physical concerns you have experienced *in the past*: _____

_____

31) When was your last complete physical exam? _____ Results: _____

32) On average, how many hours of sleep do you get per day? _____

33) Do you have trouble falling asleep at night? oYes oNo

34) Have you gained/lost over ten pounds in the past year? oYes oNo

35) Describe your appetite during the past week: o poor appetite o average appetite o high appetite
Is that typical for you? oYes oNo

36) What medications are you taking presently, and for what purpose? _____

_____

_____

37) Have you ever (past or present) been dependent upon or addicted to any substance/drug/alcohol for any period of time? If yes, please explain:_____

_____

_____

38) Have you ever (past or present) had disordered eating of any kind (over-eating; anorexia; bulimia; purging; dependence on laxatives, etc.)? If yes, please explain:_____

_____

39) Have you ever (past or present) suffered with body image issues? _____

_____

_____

40) Is anyone in your family or close friend circle struggling with addictions or an eating disorder or violence, etc. that may be having an effect on your mental health? _____

_____

_____

RELIGION/SPIRITUALITY

41) What is your present religious affiliation?

o Christian (please specify) _____ o Islam

o Jewish o Buddhist

o None, but I believe in God
o Agnostic
o Atheist
o Other (please specify) _____

42) How important is religious commitment to you?

Unimportant *Average Importance* *Extremely Important*

1 2 3 4 5 6 7 8 9 10

43) Do you desire having your religious beliefs and values incorporated into the counseling process?

oYes oNo o Not Sure

If yes, please explain: _____

FAMILY HISTORY

44) Mother's age: ___ If deceased, how old were you when she died? _____

45) Father's age: ____ If deceased, how old were you when he died? _____

46) Any other significant parent(s)'s/caretaker's age(s): _____ If deceased, how old were you when this person(s) died? _____

47) If your parents became separated or divorced, how old were you then? _____

48) Number of brother(s):_____ Their ages: _____ _____ _____ _____ _____ _____

49) Number of sister(s): _____ Their ages: _____ _____ _____ _____ _____ _____

50) I was child number _____ in a family of _____ children.

51) Were you adopted or raised with parents other than your biological parents? oYes oNo

52) Briefly describe your relationship with your brothers and/or sisters: _____

_____

_____

53) Which of the following best describes **the family** in which you grew up?

Warm/accepting *Average* *Hostile/fighting*

1 2 3 4 5 6 7 8 9 10

54) Which of these describes the way in which your family raised you?

Allowed me to be very independent *Average* *Attempted to control me*

1 2 3 4 5 6 7 8 9 10

YOUR MOTHER (OR SUBSTITUTE MOTHER)

55) Briefly describe your mother: _____

_____

56) How did she discipline you? _____

_____

57) How did she reward you? _____

_____

58) How much time did she spend with you when you were a child?
o Much o Average o Little

59) Your mother's employment when you were a child:
o Stayed home o Worked outside part-time o Worked outside full-time

60) How did you get along with your mother when you were a child?
o Poorly o Average o Well

61) How do you get along with your mother now?
o Poorly o Average o Well

62) Did your mother have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? oYes oNo
If yes, please describe: _____

_____

63) Is there anything unusual about your relationship with your mother? oYes oNo
If yes, please describe: _____

_____

64) Describe overall how your mother treated the following people as you were growing up:
(Circle one answer for each)

Your Mother's Treatment Toward:	Poor				Average					Excellent
a. You	1	2	3	4	5	6	7	8	9	10
b. Your family	1	2	3	4	5	6	7	8	9	10
c. Your father/other parent	1	2	3	4	5	6	7	8	9	10

YOUR FATHER (OR OTHER PRIMARY PARENT)

65) Briefly describe your father/other primary parent: _____

_____

66) How did he discipline you? _____

_____

67) How did he reward you? _____

_____

68) How much time did he spend with you when you were a child?
o Much o Average o Little

69) Your father's employment when you were a child:
o Stayed home o Worked outside part-time o Worked outside full-time

70) How did you get along with your father when you were a child?
o Poorly o Average o Well

71) How do you get along with your father now?

o Poorly o Average o Well

72) Did your father have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? oYes oNo
If yes, please describe: _____

_____

73) Is there anything unusual about your relationship with your father? oYes oNo
If yes, please describe: _____

_____

74) Describe overall how your father treated the following people as you were growing up:
(Circle one answer for each)

Your Father's Treatment Toward:	Poor				Average					Excellent
a. You	1	2	3	4	5	6	7	8	9	10
b. Your family	1	2	3	4	5	6	7	8	9	10
c. Your mother/ or other parent	1	2	3	4	5	6	7	8	9	10

THOUGHTS AND BEHAVIORS

75) Please check how often the following thoughts occur to you:

• Life is hopeless	o Never	o Rarely	o Sometimes	o Frequently
• I am lonely	o Never	o Rarely	o Sometimes	o Frequently
• No one cares about me	o Never	o Rarely	o Sometimes	o Frequently
• I am a failure	o Never	o Rarely	o Sometimes	o Frequently
• Most people don't like me	o Never	o Rarely	o Sometimes	o Frequently
• I want to die	o Never	o Rarely	o Sometimes	o Frequently
• I want to hurt someone	o Never	o Rarely	o Sometimes	o Frequently
• I am so stupid	o Never	o Rarely	o Sometimes	o Frequently
• I am going crazy	o Never	o Rarely	o Sometimes	o Frequently
• I can't concentrate	o Never	o Rarely	o Sometimes	o Frequently
• I am so depressed	o Never	o Rarely	o Sometimes	o Frequently
• God is disappointed in me	o Never	o Rarely	o Sometimes	o Frequently
• I can't be forgiven	o Never	o Rarely	o Sometimes	o Frequently
• Why am I so different?	o Never	o Rarely	o Sometimes	o Frequently
• I can't do anything right	o Never	o Rarely	o Sometimes	o Frequently
• People hear my thoughts	o Never	o Rarely	o Sometimes	o Frequently
• I have no emotions	o Never	o Rarely	o Sometimes	o Frequently
• Someone is watching me	o Never	o Rarely	o Sometimes	o Frequently
• I hear voices in my head	o Never	o Rarely	o Sometimes	o Frequently
• I am out of control	o Never	o Rarely	o Sometimes	o Frequently

Please comment (e.g., examples frequency, duration, their effects on you) about EACH OF THE ABOVE THOUGHTS which occur FREQUENTLY. Feel free to use the back of this sheet if necessary.

_____

_____

_____

SYMPTOMS

76) Check any behaviors and symptoms you have that occur more often than you would like.

- o Aggression
- o Alcohol dependence
- o Anger
- o Antisocial behavior
- o Anxiety
- o Avoiding people
- o Chest pain
- o Depression
- o Disorientation
- o Distractibility
- o Dizziness
- o Drug dependence
- o Eating disorder
- o Elevated mood
- o Fatigue
- o Hallucinations
- o Heart palpitations
- o High blood pressure
- o Hopelessness
- o Impulsiveness
- o Irritability
- o Judgment errors
- o Loneliness
- o Memory impairment
- o Mood shifts
- o Panic attacks
- o Phobias/fears
- o Recurring thoughts
- o Sexual difficulties
- o Sick often
- o Sleeping problems
- o Speech problems
- o Suicidal thoughts
- o Thoughts disorganized
- o Trembling
- o Withdrawing
- o Worrying
- o Other (specify) _____

Give examples of how each of these which you checked impair functioning (e.g., socially, emotionally, occupationally, physically, etc. Feel free to use the back of this sheet if necessary.

77) List your five greatest strengths:

1. _____
2. _____
3. _____
4. _____
5. _____

78) List your five greatest weaknesses:

1. _____
2. _____
3. _____
4. _____
5. _____

79) List your main social difficulties: _____

80) List your main love and sex difficulties: _____

81) List your main difficulties at school or work: _____

82) List your main difficulties at home: _____

83) List your behaviors that you would like to change: _____

84) Additional information you believe would be helpful: _____

_____

_____

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