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Please fill out the biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please complete this form by downloading, typing in your answers and saving or printing clearly and bring it with you to the first session.

Today's Date: ___________

Referral Source: ____

Name: _____________________________________ Gender : ______ Age: _________

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

____

____

Please estimate the severity of above problem:

Mild ____ Moderate ____ Severe ___Very severe ____

Date and Place of birth: _________________________

Address: Street:_______________________ City:___________ State:______ Zip:_____

Telephone: Home: (____)____________ Cell: (_____)_______________

Work/Office: (____)___________ Fax: (_____)_______________

Best phone for routine messages: Home ____ Cell _____ Office____

Best phone for Confidential messages: Home ____ Cell _____ Office____

Email: ____________________@_________________. ___________

Highest Grade/Degree Completed: ___________Type of Degree: ___________

Occupation (former, if retired):

____

Person & Phone Number to Call in Emergency:
Name:______________________________ Phone: (_____)_________________

Current: Marital status: ____ Live with someone: ____

Name: ______________Years: ____

Past & Present Marriage/s (names, years together, and statement about the nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

____

____

____

Present Spouse/Partner: Education: ____

Occupation:____

Children Step/Grand: (names/ages & brief statement on your relationship with the person.)

1. ____
2. ____
3. ____

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:____

____

____

Siblings (name/age, if deceased: age and cause of death and brief statement about the relationship.):

1.

____

2.

____

3.

____

Medical Doctor (S) (name/phone):

Name:______________________________ Phone (_____)_________________________

Name:______________________________ Phone (_____)_________________________

Name:______________________________ Phone (_____)_________________________

Past/Present Medical Care (major medical problems, surgeries, accidents, falls, illness, etc.):

____

____

____

Specify Medication you are presently taking and for what. PRINT clearly:

Past/Present Drug/Alcohol Use/Abuse (AA, NA, treatments):

Suicide Attempt/s or Violent Behavior (describe: ages, reasons, circumstances, how, etc.)

Family Medical History (Describe any illness that runs in the family: e.g., cancer, epilepsy, etc):

Friendships, Community, & Spirituality:

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

1.

2.

Describe Your Childhood in General: (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

If Parents Divorced: Your age at the time: ______.
Describe how it affected you at the time____

____

Estimate How Many Hours a Day You Spend Online (Facebook, YouTube, internet gaming, texting, browsing, etc.):

Facebook: ______ YouTube: ______ Gaming: ______ Texting: ______

Browsing: ______ Work/School: ______ Other: ______

Do You Feel Your Technology Use is Balanced and Healthy Or Could it Use Improvement? Please explain: ______________________________

____

Family History of Alcoholism, Mental Illness, or Violence
(including suicide, depression, hospitalizations in mental institutions, abuse, etc.):
____

____

Are You Involved in Any Current or Pending Civil or Criminal Litigation/s, Lawsuit/s or Divorce or Custody Dispute/s? (if you answer Yes, please explain):

What gives you the most joy or pleasure in your life?

____

What are your main worries and fears?

____

What are your most important hopes or dreams?

____

Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.