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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 print or write clearly and bring it with you to the first session.

NAME: ______________________________

REFERRAL SOURCE: ____

DATE: _________________________

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you.): ____

____

ESTIMATE THE SEVERITY OF ABOVE PROBLEM: Mild ____ Moderate ____
Severe ___Very severe ____

DATE OF BIRTH and PLACE OF BIRTH: ________________________

AGE: _________ GENDER : ______

ADDRESS: *(Please include zip)*

____

NORTHEN ADDRESS: *(Please include zip)*

____

TELEPHONES: H: ______ Cell: _________

Work/Off: _______ Fax: __________________

Email: _______________________

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone #__________

PERSON & PHONE NUMBER. TO CALL IN EMERGENCY: ____________________________

HEALTH INSURANCE PRIMARY

NAME POLICY UNDER ____

DATE OF BIRTH_______________________________

ID NUMBER ____________________________

GROUP NUMBER ____________________________

SECONDARY HEALTH INSURANCE

NAME POLICY UNDER ____

ID NUMBER ____________________________

GROUP NUMBER ____________________________

HIGHEST GRADE/DEGREE: __________

TYPE OF DEGREE: ____________________

OCCUPATION (former, if retired):
____

____

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):

____

____

____

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 nUMBER 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. ____

____ *USE OTHER SIDE OF*

PAGE TO ADD MORE INFORMATION ABOUT PSYCHOTHERAPISTS, IF NEEDED.

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/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.