



## PERSONAL HISTORY

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.

1) Name: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 3) Sex: M F  
4) Address: \_\_\_\_\_  
Street City State Zip

5) Today's Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 6) Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
7) Years of Education: \_\_\_\_\_ 8) Occupation: \_\_\_\_\_

9) Present Relationship Status (check any that apply):  
Married/partnered \_\_\_\_\_ Dating: How long? \_\_\_\_ years  
Single: How long \_\_\_\_ years Other  
In a new relationship (6 months or less) \_\_\_\_\_

10) If married/partnered, do you live with your spouse/partner? Yes No

11) If married/partnered, I have been in this relationship for \_\_\_\_ years

12) **Names and ages of Siblings and your age at present:**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

13) I was child number \_\_\_\_\_ of \_\_\_\_\_ children.

## COUNSELING HISTORY

14) Are you presently receiving other counseling services? Yes No  
If yes, please briefly describe: \_\_\_\_\_  
\_\_\_\_\_

15) Have you received counseling in the past? Yes No  
If yes, please briefly describe: \_\_\_\_\_  
\_\_\_\_\_

16) What is your main reason for coming to counseling? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

29) Did your mother have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development?    Yes    No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **YOUR FATHER (OR SUBSTITUTE FATHER)**

30) Briefly describe your father: \_\_\_\_\_  
\_\_\_\_\_

31) How did he discipline you? \_\_\_\_\_  
\_\_\_\_\_

32) How did he reward you? \_\_\_\_\_  
\_\_\_\_\_

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

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

35) Did your father have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development?    Yes    No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **RELIGION/SPIRITUALITY**

36) What is your present religious affiliation?  
Christian (please specify)                                      None, but I believe in God  
Jewish                                      Agnostic  
Islam                                      Atheist  
Buddhist                                      Other (please specify)

37) How important is religious commitment to you?:  
*Unimportant*                                      *Average Importance*                                      *Extremely Important*  
1                      2                      3                      4                      5                      6                      7                      8                      9                      10

## MEDICAL HISTORY

38) Name and address of your physician

---

---

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

---

---

40) When was your last complete physical exam? \_\_\_\_\_

Results of physical exam: \_\_\_\_\_

---

---

41) What medication are you taking presently and for what purpose? \_\_\_\_\_

---

---

## THOUGHTS AND BEHAVIORS

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

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

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

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