

**BIOGRAPHICAL INFORMATION**

Please fill out this biographical background sheet as completely as possible. It will help me in our work together. All information is confidential as stated in the Counseling Agreement Form. If you do not desire to answer a particular question, please indicate it on the form. Please bring this package, signed and filled out, to your next session.

**Name:** \_\_\_\_\_ **male/female** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** h \_\_\_\_\_ w \_\_\_\_\_ c \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Person & phone# to call in emergency:** \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_

**Relationship Status/Living Arrangement:** \_\_\_\_\_

**Significant Past Relationships:** \_\_\_\_\_

**Children** (incl. Step- or grand-): \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Presenting Problem(s)** (be as specific as possible: time it started; how it affects you or others around you; etc.): \_\_\_\_\_

**Estimated Severity of ....**

**Problem 1:** mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_

**Problem 2:** \_\_\_\_\_

**Problem 3:** \_\_\_\_\_

**Medical Doctor(s)** (name & phone#): \_\_\_\_\_

**Past/Present Medical Care** (major medical problems, surgeries, accidents, falls, illness):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specify all MEDICATIONS you are presently taking and for what. PLEASE PRINT clearly:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family History** (give name/age or date of death, occupation, and a brief description of the nature of your relationship when you were a child and as an adult):  
**Mother:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Father:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Caregivers:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Siblings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Medical History** (Describe any illness that runs in the family: cancer, epilepsy, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drug/Alcohol/Other Addiction History:**  
**Parents/**  
**Caregivers:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self** (If no personal history with drugs or alcohol, what is your current consumption):

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**Suicide Attempts or Self-Harming Behaviors** (describe ages, reasons, circumstances, how, etc.):

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**Friendships, Community, & Spirituality** (describe the quality, frequency, type of activities, etc.):

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**Past/Present Psychotherapies** (give time frames, name, degree, phone & address, initial reason for therapy, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1.

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2.

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**What gives you most joy or pleasure in your life:**

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**What are your main worries and fears:**

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**What are your most important hopes or dreams:**

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