

History Questionnaire

The following information will be helpful in planning treatment. Please answer each item carefully. If you feel uncomfortable revealing some of the requested information, feel free to put an "X" through those sections. Please write all answers legibly.

Personal Information

Name: _____ Date: _____

Age: _____ Sex (M/F): _____ Height: _____ Weight: _____

What is your current living situation (house, apartment)? _____

Who do you live with? List the people and their relationship to you:

Name	Age	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How satisfied are you with your current living situation? _____

To whom are you closest in your life? _____

Employment

Current Employer: _____ How long have you been employed there? _____
Job Title: _____

Briefly describe your job duties: _____

How satisfied are you with your current employment situation? _____

Family History

Where were you born? _____ Where did you spend most of your life?

List the City, State and approximate dates of residency: _____

Father's Name: _____ Age: _____ If deceased, cause of death: _____

_____ Your age at that time: _____ Father's occupation: _____

Father's health: _____

Briefly describe your father's personality and his attitude toward you (past and present):

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Mother's Name: _____ Age: _____ If deceased, cause of death: _____

_____ Your age at that time: _____ Mother's occupation: _____

Mother's health: _____

Briefly describe your mother's personality and her attitude toward you (past and present):

List other members of your family's household (i.e., brothers, sisters and significant others that resided in your childhood home):

Name	Age	Relationship	Marital Status	Current Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Briefly describe your relationship with your siblings: _____

Briefly describe your home atmosphere (i.e., compatibility between parents, between parents and children, and between siblings): _____

If you were not raised by your parents, who was your primary caretaker and between what years? Please describe: _____

Are there any fearful or distressing experiences regarding your family life which stand out in your mind which were not previously mentioned? Please describe: _____

Relationship History

What is your current relationship status (single, co-habiting, engaged, married, separated, divorced, widowed)? _____

If in a relationship, how long have you been with your current partner? _____

Partner's Age: _____ Partner's First Name: _____ Partner's Occupation: _____

Briefly characterize your present relationship (e.g., satisfaction, closeness, compatibility, etc.)?

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Do you have children? If so, please list name(s), age(s), sex, and level of contact with each child: _____

Do you have children from a previous relationship or from your partner's previous relationship? If so, please list name(s), age(s), sex, and level of contact with each child: _____

Do you have people outside of your family and relatives that you feel are close friends or who are "like family" and can be confided in? _____

Medical Information

Who is your current physician? _____

When were you last examined by your physician? _____

List any major health problems for which you currently receive treatment? _____

Are you currently in treatment with other medical specialists? Please list physician and specialty: _____

List any and all allergies: _____

Have you ever had an adverse reaction to a medication? Please describe: _____

List all medications that you are currently taking including dosages and the dates of the initial prescriptions and most recent refill:

Medication	Dosage	Initial Rx Date	Last Refill	Prescribing Physician
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List a history of medications that you have taken in the past including dosages and the dates of the initial prescriptions:

Medication	Dosage (If known)	Initial Rx Date (If known)	Last Use Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mental Health History

Have you received therapy or psychological help of any kind before? If yes, please describe, including names of previous therapists: _____

Have you ever been treated at an inpatient psychiatric hospital? If yes, please describe the circumstances of the hospitalization(s) and date(s): _____

Have you ever received treatment for drug or alcohol problems? If yes, please describe:

Have any family members received treatment for a mental disorder or substance abuse (including alcohol) problems? If so, list the relationship and describe the problem: _____

Current Concerns

Briefly describe your reason for seeking help at this time: _____

What do you hope will be the outcome of therapy? _____

Please circle any of the following issues that concern you:

- | | | |
|----------------|----------------|----------------------|
| Nervousness | Separation | Child of Alcoholic |
| Legal Matters | Memory | Drug Use |
| Concentration | Marriage | Parenting |
| Sexual Assault | Sleep Problems | Depression |
| Divorce | Self-Control | Relaxation |
| Ambition | Anger | Education |
| Guilt | Parents | Bereavement |
| Custody | Fears | Compulsive Behaviors |
| Stress | Headaches | Finances |
| Friends | Temper | Thoughts |
| Grief | Anxiety | Hurt |

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|-----------------------------|------------------------|-------------------------|
| Shyness | Unhappiness | Work |
| Tiredness | Alcohol Use | Loneliness |
| Dreams | Family | Career |
| Food | Harassment | Sexual Problems |
| Suicidal Thoughts | Health Problems | Making Decisions |
| Inferiority Feelings | Eating Problems | Stomach Trouble |
| Physical Abuse | Pain Problems | Emotional Abuse |
| Expressing Feelings | Childhood Abuse | Sexual Abuse |
| Hopelessness | Feeling Panicky | See No Future |

Legal

Do you anticipate a court case in the near future? If so, please describe: _____

If so, who is your attorney? Name: _____ **Phone #:** _____

Address: _____ **Zip:** _____

Please add any additional information which you feel may be useful to me? _____

Thank you for completing this questionnaire.