

## BACKGROUND INFORMATION

Instructions: Please take a few minutes to answer these questions. If you are uncertain about any question, please leave it blank and we will discuss it later. Thank you.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Marital Status: \_\_\_\_\_

No. of Children: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*\*\*\*

Please briefly describe the reason you are seeking services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did this problem first begin? (what happened)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whose idea was it for you to attend therapy and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as the two or three most important problems to be worked on immediately? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

1. The present state of your health is:     Good                       Fair                       Poor

2. Do you have any medical problems or recent surgery?     Yes                       No

If you answered "yes," please indicate the nature of the problem (s): \_\_\_\_\_  
\_\_\_\_\_

When were you last treated by a physician or received medical care? \_\_\_\_\_  
\_\_\_\_\_

Do you have any of the following problems? (Circle)

Headaches    Seizures    Pre-menstrual syndrome    Infertility    Infections    Heart Burns    Heart attack    Exposure to  
chemicals    Overeating    Thyroid    Elevated cholesterol    Chronic pain    Eating binges    High blood pressure    Heart  
attack    Dizziness    Movement Difficulties    Restricted eating    Stroke    Diabetes    Liver problems    Kidney  
problems    Anemia    Cancer    Other:

4. Do you like how your body looks?	Y	N	Do you diet?	Y	N
5. Do you ever use laxative?	Y	N	Do you ever take diet pills?	Y	N
6. How would you rate your health in the following areas:					
Quality of diet	Poor	Average	Good		
Sleep	Poor	Average	Good		
Exercise	Poor	Average	Good		
Your age	Poor	Average	Good		

**PSYCHIATRIC HISTORY**

1. Has anyone in your family ever. . .

Been treated in a psychiatric hospital	Y	N
Threatened to or commit suicide?	Y	N
Have problems with alcohol or drugs?	Y	N
Been diagnosed with depression or a manic-depression?	Y	N
Been diagnosed with schizophrenia?	Y	N
Seemed excessively anxious or worried?	Y	N
Have you ever been treated in a psychiatric hospital	Y	N
Do you suffered from a neurological disorder?	Y	N
Have you ever received psychological treatment in the past?	Y	N

If so, what were you diagnosed with and how long ago? \_\_\_\_\_

What psychotropic medication are you currently prescribed and the name of the doctor prescribing your medication? \_\_\_\_\_

**Sexual Health:**

1. What age did you began dating and what age did you have your first sexual encounter? \_\_\_\_\_

2. How would you classify yourself sexually?  Heterosexual       Bisexual       Homosexual      Other, please specify \_\_\_\_\_

3. I have:  Never been married  Been married     Wish to be married     Divorced     Separated     Widow

4. I am now, (Check all that apply):       Married       Separated       Divorced       Widowed       Living with partner but not married  Living alone     Living with family     Living with friend/roommates       Homeless

5. Do you masturbate? If so, how often \_\_\_\_\_

6. How often are you intimate with your partner/spouse? \_\_\_\_\_

7. Are you sexually satisfied or is it pleasurable? \_\_\_\_\_

8. Do you experience orgasms? \_\_\_\_\_

9. Do you watch pornography to get turned on or other forms of sexual gratification? \_\_\_\_\_

- For women, do you have menstrual cycles or are you menopausal? \_\_\_\_\_



Running Away Picked on or bullied Lonely Daydreaming Fire-setting Speech problems Fighting Class clown  
Cruelty to animals failing grades A student Moved around a lot Foster care Used Drugs

- 4. What were you rewarded for and how were you rewarded? \_\_\_\_\_  
\_\_\_\_\_
- 5. What was it like when you were separated from your parents (upset, threaten, fearful), why? \_\_\_\_\_  
\_\_\_\_\_
- 6. Did you experience loss as a child? If so, what was it like for you and your family? \_\_\_\_\_  
\_\_\_\_\_
- 7. Please discuss any traumatic events you have experiences as a child (e.g., physical abuse, emotional abuse, sexual abuse) or as an adult that still bothers you. If so, who was the abuser? \_\_\_\_\_  
\_\_\_\_\_
- 8. What do you wish had been different about your childhood/family? \_\_\_\_\_  
\_\_\_\_\_
- 9. To whom were you closest as a child and why? \_\_\_\_\_  
\_\_\_\_\_
- 10. If you are a parent, how do you think your childhood experiences has impacted your parenting? \_\_\_\_\_  
\_\_\_\_\_
- 11. Were your grandparents involved in your upbringing? \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL HISTORY**

- 1. How would you describe yourself as a student? (Circle)  Below Average  Average  Above Average
- 2. Highest grade completed? \_\_\_\_\_
- 3. What were your favorite classes? 4. What subjects were difficult for you? \_\_\_\_\_
- 4. Did you (check all that apply):  Become afraid of going to school  Need extra help to read or write  Have trouble doing math  Have trouble paying attention  Have a learning disability or trouble learn  Play sports in school  Get in trouble at school  Receive failing grades?  Repeated grades  Join any clubs in school  Get suspended or expelled from school?  Skipped classes or dropped out of school  Win any awards  Home schooled  Charter or Continuation School  Private School

**OCCUPATIONAL HISTORY**

- 1. At what age did you first have a full time job? \_\_\_\_\_
- Are you currently:  Employed  Unemployed  Retired  Disabled
- if presently employed, are you satisfied with your job:  Highly satisfied  Satisfied  Dissatisfied
- If dissatisfied with work, are you  Looking for another job  Looking to change career  Return to school
- 2. Have you ever served in the military? Y N (if not, proceed to the next section)
- Branch of Service: \_\_\_\_\_ Dates of Service: Entry \_\_\_\_\_ Discharged \_\_\_\_\_
- Highest rank achieved: \_\_\_\_\_ Job title \_\_\_\_\_

Combat service?     Wounded    Y    N    Type of discharge \_\_\_\_\_

3. What was your longest job? \_\_\_\_\_ Shortest? \_\_\_\_\_

4. What did you plan to do as a career when you grew up? \_\_\_\_\_

5. Are you in that career?    Y    N    If not, why? \_\_\_\_\_

6. Circle all the words that would describe you at work?

Unreliable     Hardworking     Organized     Bored     Disciplined     Reliable     Independent  
 Disorganized     Easily slighted     Receptive to feedback     Ambitious     Detailed oriented  
 Competitive     Punctual     Tardy     Trouble multitasking

7. Have you ever. . . .

Gotten in trouble at work?     Been reprimanded, suspended, or fired from a job?  
 Had difficulty getting along with co-workers or supervisors?     Had trouble getting to work on time?  
 Had trouble keeping a job?     Left a job with no other job lined up?     Collected unemployment or welfare?  
 Collected social security or disability insurance     Started your own business?     Made money illegally?  
 Had trouble paying your bills or had your bills sent to collections?     Have you filed bankruptcy?  
 Problem with IRS     Excessive credit cards debt     Homeless

8. What other jobs would you like to have? \_\_\_\_\_

## SOCIAL HISTORY

### 1. Please describe yourself growing up:

Shy     Outgoing     Loner     Bully     Victim     Friendly     Dramatic     Controlling     Reserved     Easy-going  
 Follower     Leader     Rejected     Secretive     Jealous     Picky     Different     Preferred adults  
 Rebellious     Independent     Talented     Athletic     Artistic     Risk-taking     Sensitive     Intellectual  
 Aggressive     Insecure     Dependent     Optimistic     Negative     Popular     Adventurous

### 2. Please describe you now:

Shy     Outgoing     Loner     Friendly     Easy-going     Controlling     Warm     Irritable  
 Dependent     Independent     Assertive     Intimidating     Artistic     Opinionated  
 Sensitive     Cooperative     Competitive     Avoidant     Domineering     Aloof     Self-centered  
 Care taking     Dramatic     Supportive     Reserved     Rigid     Honest     Critical  
 Manipulative     Flexible     Impatient     Patient     Understanding     Trustworthy

3. Do you think it is easy to get people to do what you want?    Y    N

4. Do you have many friends? \_\_\_\_\_

5. I get together with friend or others socially:     Never     Seldom     once a week     Often

6. What 5 words would your close friends use to describe you? \_\_\_\_\_

7. How many significant relationships would you say you have had? \_\_\_\_\_

8. How long did your longest intimate relationship last? \_\_\_\_\_

9. Tell me how many marriage(s)/relationship(s) have you had, and the reason they ended? \_\_\_\_\_

10. Answer the following questions regarding your spouse:

Age \_\_\_\_\_    Occupation \_\_\_\_\_    Education \_\_\_\_\_

11. Briefly describe your spouse's personality: \_\_\_\_\_  
 12. What do you like most about your spouse? \_\_\_\_\_  
 13. What do you least like about your spouse? \_\_\_\_\_

**Circle any area you feel is a problem in your marriage/relationship:**

- Sexual       Parenting       Financial       Not enough time together       Controlling       Jealous  
 Not friendly       Poor communication       Problems with in-laws       Arguing       Don't feel close       Domineering  
 Impatient       Different interest       Different values       Defensive       Too critical       Emotionally detached  
 Disorganized       Unhealthy       Unfaithful       Loud       Boring

14. Have you ever hit someone you were in a relationship with? Y      N

15. Have you ever cheated or been cheated on in a relationship? If so, did you or they end the relationship? \_\_\_\_\_

**LEGAL HISTORY**

1. Were you ever arrested as a juvenile? Y      N  
 If yes, what were the charges \_\_\_\_\_

Did you spend time in a correctional facility? Y      N

2. Have you been arrested as an adult? Y      N If yes, please complete the following:

- Charge       Convicted       Served time       On probation       On parole

3. Has anyone ever filed a lawsuit against you? Y      N  
 4. Have you ever filed a lawsuit against someone else? Y      N  
 5. Has anyone ever filed a temporary restraining order on you? Y      N  
 6. Have you ever served a restraining order on someone else? Y      N  
 7. Have you committed crimes for which you have not been caught? Y      N  
 8. Has anyone else in your family ever been arrested or sent to prison? Y      N  
 9. Have you ever been accused of child abuse or endangerment? Y      N  
 10. Have you ever had criminal records sealed? Y      N  
 11. Have you ever been accused of elder abuse? Y      N  
 12. Have you ever been violent towards other people? Y      N  
 13. Do you own a firearm? If yes, is it stored in the home or vehicle? Y      N  
 14. Have the police ever come to your home because of a domestic disturbance? Y      N  
 15. Have you received three or more traffic tickets in one year? Y      N  
 16. Have you ever been charged with a DUI or excessive speeding tickets? Y      N

**SUBSTANCE USE**

I have used the following (check all that apply):

- Pop pills or Uppers       Tranquilizers/Sedatives       Caffeine       Marijuana       Nicotine (tobacco, pipe, vape, chew)       Diet Pills       LSD or Hallucinogens       Cocaine (speed, crack, uppers)  
 Huffed       Alcohol       Other \_\_\_\_\_

Have you been treated in the past for substance abuse or dependence? \_\_\_\_\_

Do you attend NA or AA support groups? \_\_\_\_\_

### CURRENT FUNCTIONING

1. Are you generally happy with the way your life is turning out? Y N
2. What are some of your most pressing Current Stresses:  Depressed  Family  Marital Discord  
 Finances  Illness  Recent loss  Legal problems  Lack social support  Homeless  
 Employment  Relationship break-up  Substance Abuse  World events

In the past year, I have engaged in the following activities:  Gaming  Reading  Writing  
 Dancing  Exercising  Gardening  Art  Taking classes  Swimming  
 Listening to music  Learning a new language  Knitting/Sewing  Hiking/outdoor  
 Gambling  Drinking  Traveling  Meditating  Cooking  Volunteering

3. What are your goals for treatment? \_\_\_\_\_

4. What would prevent you from achieving your goals? \_\_\_\_\_

5. What would you like to change about. . . .

    Yourself \_\_\_\_\_

    Your life \_\_\_\_\_

    Relationship \_\_\_\_\_

    Work \_\_\_\_\_

6. Have you traveled/lived outside the state/country? Y N If yes, where \_\_\_\_\_

7. What is the best thing about your life? \_\_\_\_\_

8. What would you do differently if given the change? \_\_\_\_\_

9. What is missing in your life? \_\_\_\_\_

10. What five words best describe you? \_\_\_\_\_

11. What do you like to do for fun? \_\_\_\_\_

12. What are your talents/skills? \_\_\_\_\_

13. What are your hobbies? \_\_\_\_\_

14. Have you found your life's purpose? \_\_\_\_\_

15. What is your biggest accomplishment? \_\_\_\_\_

16. Do you have the will or interest to change your current circumstances? \_\_\_\_\_

How would you describe your faith/spiritual life:  Absent/Lacking  Engaging  Needs improvement  
 Fulfilling  Waning  Strong  Void/Empty  Frustrating  Growing

What would you want people to know about you? \_\_\_\_\_

Any additional information or comment you would like to share? \_\_\_\_\_