

Short Background Form

Instructions: Please take a few minutes to complete this questionnaire. If you are uncertain about any question, we will discuss it later. Thank you.

Today's Date: _____

Name: _____

Date of Birth: _____

Mailing Address: _____

Phone No: _____

Email: _____

Emergency Contact: _____

Phone No. _____

.....
Please briefly describe the reason you are seeking services? _____

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

What is the event or who is the person(s) that is causing problems in your life? _____

How would you describe the quality of your relationships with parents, siblings, friends, co-workers, intimate partner, children, etc.? _____

What kinds of feelings bother you the most and why? _____

What words would you use to describe your parents the way you remember them and why? _____

Did either one of your parents let you down growing up? How? _____

When you were a child, what made you angry and how did you express these emotions? _____

Is it easy for you to tell people how you feel when they hurt you? _____

Is it easy for you to forgive or do you hold grudges? _____

How would you rate your health and have you kept up with your annual check-ups? _____

Do you used drugs/alcohol? _____

What medications or vitamins do you take on a daily basis? _____

Are you able to stay in long-term relationships or do you get bored and feel the need to end the relationship or cheat? _____

What five life changing events have impacted your identity the most?
1. _____
2. _____
3. _____
4. _____
5. _____

What is the worst thing that's happened in your life so far? _____

What is the best thing that's happened in your life so far? _____

Do people generally like or dislike you? _____

Do you have a tendency of feeling sorry for yourself or do you see yourself as a victim? _____

How do you react to tough times or events that are challenging? _____

What happens to your body when you get nervous? _____

What quality about people do you least like? _____

What quality about people do you most like? _____

What do you like and dislike about yourself? _____

What makes you happy and what makes you feel sad? _____

What is your biggest problems and what are you doing to fix that problems? _____

Do you experience the world as a safe or hostile place, explain? _____

What would you like to change about. . . .

Yourself _____

Your life _____

Relationships _____

Work _____

What is your biggest accomplishment? _____

What is your biggest regret? _____

What is your biggest fear? _____

What is the best thing about your life? _____

What would you do differently if given the change? _____

What is missing in your life? _____

What five words best describe yourself? _____

What do you like to do for fun? _____

What are your hobbies/ talents/skills? _____

What would you want people to know about you? _____

How would you describe your faith/spiritual life? _____

What is your life purpose? _____

What are your three goals for therapy?

1. _____

2. _____

3. _____

Any additional information you would like to share? _____

