

BIOGRAPHICAL INFORMATION - INTAKE FORM

Please fill out (each client) as completely as possible and bring with you to our first session. It will help me in our work together. If you wish, you can either e-mail it back to me at vtherapy17@gmail.com as an e-mail attachment a couple of days prior to the first session. You can also bring it with you to our first session. If you do not desire to answer any question, merely write "Do not care to answer."

DATE:

NAME:

MALE/FEMALE:

DATE OF BIRTH/PLACE:

AGE:

ADDRESS:

TELEPHONE:

HOME:

OFFICE:

FAX:

E-MAIL:

FOR CONFIDENTIAL/PRIVATE MESSAGES: If same as above, write "Same as above"

ADDRESS:

PHONE:

E-MAIL:

**HIGHEST
GRADE/DEGREE**

**OCCUPATION
(FORMER IF RETIRED)**

**PERSON AND PHONE
NO. TO CALL IN
EMERGENCY:**

REFERRAL SOURCE:

PRESENTING PROBLEM

(Be as specific as you can: When did it start, how does it affect you...):

Estimate the severity of the above problem:

Mild ____, Moderate ____, Severe ____, Very severe ____

Current marital status:

Single ____, In a Relationship ____, Living with Someone ____,
Married ____, Divorced ____, Widowed ____

PRESENT SPOUSE/PARTNER:

NAME:

YEARS:

EDUCATION:

OCCUPATION:

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

PARENTS/STEPPARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

FATHER:

MOTHER:

STEP-PARENTS:

Siblings:

(name/age, if dead: age and cause of death & brief statement about the relationship):

1.

2.

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

MEDICAL DOCTOR/S (name /phone):

Specify all MEDICATION you are presently taking and for what:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc.)

PAST LEGAL/LITIGATION HISTORY (Describe past incarcerations, lawsuits and other criminal or civil litigations):

ARE YOU PRESENTLY INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITGIATIONS, LAWSUITES OR DIVORCE AND CUSTOY DISPUTES? (If you answer Yes, please explain):

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc.):

FRIENDSHIPS, COMMUNITY & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Indiv/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF PARENTS DIVORCED:

Your age at the time:

Describe how it affected you at the time:

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

What gives you most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?
