



Psychotherapy Health Questionnaire & Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the *Psychotherapy Information Disclosure Statement* form and the HIPAA Notice of Privacy Practices.

Please print or write clearly and bring it with you to the first session.

NAME: _____ **MALE/FEMALE:** ____ **DATE :** _____

DATE OF BIRTH/PLACE: _____ **AGE:** _____

ADDRESS: _____

TELEPHONE: H: _____ **Cell:** _____

FAX: _____

FOR CONFIDENTIAL/PRIVATE MESSAGES:

Phone # _____ **E-mail:** _____

HIGHEST GRADE/DEGREE: _____ **TYPE OF DEGREE:** _____

PERSON & PHONE # TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (former, if retired or unemployed):

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:

Live with someone:

Name:

Years:

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

PRESENT SPOUSE/PARTNER:

Education:

Occupation:

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

Stepparents

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

MEDICAL DOCTOR/S (name /phone):

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

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 LITIGATIONS, LAWSUITES OR DIVORCE AND CUSTODY 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 # of sessions, name, degree, phone & city/state, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended): ***Please use the back of the form or an additional page if you need more space than what is provided here.***

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?

Please add any other information you would like me to know about you and your situation either on a separate piece of paper or on the back of this form.