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Biographical Information – Intake Form

Please fill out this biographical background form as completely as possible. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If information does not apply to you, please indicate so with an N/A (not applicable). Please print or write clearly.

NAME: _____ MALE/FEMALE DATE: _____

DATE OF BIRTH _____ AGE: _____

PLACE OF BIRTH: _____

ADDRESS: _____

_____

TELEPHONES: (Please circle best numbers to leave message)

H: _____CELL: _____WORK:_____

FAX: _____

E-MAIL: _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

NAME OF EMERGENCY CONTACT: _____

RELATIONSHIP TO YOU: _____

CONTACT PHONE: _____

REFERRAL SOURCE: _____

OCCUPATION (former, if retired): _____

EMPLOYER: _____

WORK PHONE:_____

FAX: _____

E-MAIL: _____

CURRENT MARITAL STATUS: Married _____ Divorced _____ Single _____ Partner _____

Live with someone: Y - N Name: _____Years: ____

PAST & PRESENT MARRIAGE/S (names, years together):

_____

_____

_____

CHILDREN/STEP/GRAND (names/ages)

1. _____
2. _____
3. _____

PARENTS/STEPPARENTS (Name/age or year of death)
Father:_____

Mother: _____

Stepparents:_____

_____

_____

IF PARENTS DIVORCED, indicate your age at the time: _____.

SIBLINGS (name/age)

1. _____
2. _____
3. _____

MEDICAL DOCTOR (S) (name/phone): _____

_____

PRESENTING PROBLEM

_____

_____

_____

Estimate the severity of above problem: Mild _____ Moderate _____ Severe _____Very severe _____

PAST/PRESENT PSYCHOTHERAPY (specify: month year(s) and reason for seeking counseling)
1. _____
_____

2. _____

_____

PREVIOUS HOSPITALIZATIONS/TREATMENT PROGRAMS:

_____

_____

_____

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

_____

_____

_____

SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

_____

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

_____

_____

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

_____

_____

Please add, on the other side of the page or on a separate page, any other information you would like me to know about you and your situation.