

Biography Form

Please fill out the biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer."

Name: _____ **Date:** _____

Preferred Pronouns: _____

Date and Place of Birth:

Presenting Problem:

Be as specific as you can: when did it start, how does it affect you

Estimate the severity of above problem:

Please click on one box to place a checkmark in the box.

Mild

Moderate

Severe

Very Severe

Current Occupation:

Former, if retired

Education:

Highest Grade/Degree: _____

Type of Degree/Major: _____

Current Household Members & Nature of Relationship:

Present Primary Relationship:

Please click on one box to place a checkmark in the box.

Marital status: Married Cohabiting Dating Single Other

Name: _____ Relationship Length: _____

Past and Present Relationships:

Please describe the 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 and ages, and brief statement on your relationship with the person

1. _____
2. _____
3. _____
4. _____

5. _____

Parents/ Step Parents:

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 and age (if dead, age and cause of death), and brief statement about the relationship

1. _____
2. _____
3. _____
4. _____

Primary Medical Physician and/ or Psychiatrist:

Past and Present Medical Conditions:

Major medical problems, surgeries, accidents, falls, illness

Medications:

Please note the dosage and what you are taking them for

Past/ Present/ Drug and Alcohol Use and Abuse:

Please note any past or present substance abuse treatment

Suicide Attempts and Violent Behavior:

Describe: ages, reasons, circumstances, how, etc.

Friendships/ Community /Spirituality:

Describe quality, frequency, activities, etc.

Past/ Present Psychotherapy/ Counseling:

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

1.

2.

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 Medical History:

Describe any illness that runs in the family: cancer, epilepsy, etc

Family History of Alcoholism/ Mental Illness/ Violence:

Include suicide, depression, hospitalizations in mental institutions, abuse, etc.

Are you involved in any current or pending civil, criminal litigations, lawsuits, divorce, or custody disputes? Yes No

If you answer yes, please explain

What gives you the 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.
