

Personal History Form

Name

Date of Birth

Race/Ethnicity

Religion/Spirituality

Address

Home Phone

Ok to leave message? Yes ☐ No ☐

Mobile Phone

Ok to leave message? Yes ☐ No ☐

Information for Clients

Your intake consists of a series of questionnaires and an interview lasting about 90 minutes. Rather than focus on a list of questions during your initial interview we prefer to focus on your current problem and how we can help you. Completing this form will help with that process.

Intake Questions

Current living situation ☐ Apartment/Rent ☐ Own Home

Do you live alone? ☐ Yes ☐ No

If no, please list the names & relationships of the people you live with.

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

Please tell us about any concerns you have regarding your current housing situation.

Current Employer

Length of Employment

Please tell us about any concerns you have regarding your current employment situation.

Are you attending School? ☐ Yes ☐ No ☐ Full-Time ☐ Part-Time

Name of School

Status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad Student

Please tell us about any concerns you have regarding school.

Relationship Status ☐ Single ☐ Committed Relationship ☐ Married ☐ Divorced

Please tell us your gender.

Please tell us your sexual orientation.

Please tell us any concerns you have regarding your relationship status, gender or sexual orientation.

Please tell us about any history of violence in relationships. Please give as much detail as possible.

Please tell us your reasons for seeking services today.

Please tell us about any past mental health treatment you have received. Please be as specific as possible including dates of treatment, where treatment took place, the name of the provider, and the reason you sought treatment.

Please tell us if there is a history of mental illness in your family. Please be as specific as possible including the relationship of the person to you, the person's diagnosis and treatment.

Please tell us if there is a history of suicide in your family. Please be as specific as possible including the relationship of the person to you, the age of the person when the suicide attempt was made, and the outcome.

Please tell us if you have any criminal history including arrests and penalties or if you are currently involved in any legal actions.

Please tell us about any medical problems that you are experiencing. Please be as specific as possible.

Please tell us your Primary Physician's name and phone number.

Please list your current medications here, including psychotropic medications. Please be as specific as possible including dosage and reason for taking the medication.

Other Concerns

[illegible]

Scheduling Preferences

Treatment Modality Requested: : Individual ☐ Couples ☐ Group ☐ Family ☐

Please provide your availability for appointments below:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY