

PERSONAL HISTORY FORM

Presenting Issues (Please describe the concerns that led you to seek therapy).

How long have you been experiencing these difficulties? _____

Please indicate the severity of the problem: mild moderate severe extremely severe

Please indicate any of the following symptoms and level of symptom:

	None	Mild	Moderate	Severe
Aggressive behavior	_____	_____	_____	_____
Anger	_____	_____	_____	_____
Antisocial behavior	_____	_____	_____	_____
Anxiety	_____	_____	_____	_____
Avoidance of others	_____	_____	_____	_____
Concentration difficulties	_____	_____	_____	_____
Cyber addiction	_____	_____	_____	_____
Depressed mood	_____	_____	_____	_____
Distractability	_____	_____	_____	_____
Eating disturbance	_____	_____	_____	_____
Elevated mood	_____	_____	_____	_____
Emotionality	_____	_____	_____	_____
Fatigue/low energy	_____	_____	_____	_____
Gambling	_____	_____	_____	_____
Grief	_____	_____	_____	_____
Hallucinations	_____	_____	_____	_____
Hopelessness	_____	_____	_____	_____
Impulsivity	_____	_____	_____	_____
Irritability	_____	_____	_____	_____
Loneliness	_____	_____	_____	_____
Memory problems	_____	_____	_____	_____
Mood swings	_____	_____	_____	_____
Obsessions/compulsions	_____	_____	_____	_____
Panic attacks	_____	_____	_____	_____
Phobias	_____	_____	_____	_____
Poor grooming	_____	_____	_____	_____
Sexual addiction	_____	_____	_____	_____
Sexual difficulties	_____	_____	_____	_____
Significant weight gain/loss	_____	_____	_____	_____
Sleep disturbance	_____	_____	_____	_____
Social isolation	_____	_____	_____	_____
Suicidal thoughts	_____	_____	_____	_____
Other (please describe):	_____	_____	_____	_____

History of previous therapy:

Have you ever been in therapy before? ____ If so, what type of treatment, when and for how long?

What were the reasons you sought treatment at that time?

Was treatment successful? ____ Why or why not?

Have any family members received treatment for a mental health and substance abuse problem? ____ If so, please describe:

What are your goals for treatment at this time?

Medical History:

Describe current physical health: good fair poor

List any current health concerns:

Current medications: (dosage and reason)

Describe any hospitalizations or accidents: (date, age, reason):

Please circle any of the following that apply to you:

AIDS	Colds/coughs	Headaches
Alcoholism	Constipation	Hepatitis
Abdominal pain	Dental problems	High blood pressure
Abortion	Diabetes	Menstrual pain
Allergies	Diarrhea	Miscarriages
Anemia	Dizziness	Neurological disorders
Appendicitis	Drug abuse	Nausea
Arthritis	Epilepsy	Sexually transmitted diseases
Asthma	Ear infections	Sleeping disorders
Bronchitis	Eating problems	Sinusitis
Cancer	Fainting	Stroke
Chest pain	Fatigue	Sexual problems
Chronic pain	Frequent urination	Toothaches

Thyroid problems
Vision problems
Vomiting
Other (please describe) _____

Name and number of primary care physician: _____
Name and number of psychiatrist, if applicable: _____

Please describe typical daily meal schedule:

Please describe typical daily sleep
schedule: _____

Please circle to indicate if you have experienced any changes in the following:
Eating pattern Sleep pattern Activity level Energy level
Weight Behavior

Please describe any changes indicated above:

Family History

<u>Father</u>	<u>Mother</u>
Name _____	_____
Occupation _____	_____
Education _____	_____
Health _____	_____

Please circle parents' current marital status: married to each other, separated for __
years, divorced for __ years, mother remarried __ times, father remarried __ times,
mother involved with someone, father involved with someone, mother deceased for __
years, father deceased for __ years.

Siblings

Names _____
Ages _____
Quality of relationship with siblings: good fair poor

Please circle to indicate your childhood family experience:
Outstanding home environment
Normal home environment
Chaotic home environment
Witnessed verbal/physical/sexual abuse toward others
Experienced verbal/physical/sexual abuse from others

Did you experience any other special circumstances in childhood that affected your development? _____

Immediate Family

Please circle to indicate your current marital status: single, never married

Engaged for ___ months

Married for ___ years

Divorced for ___ years

Separated for ___ months/years

Live-in relationship for ___ months/years

Prior marriages _____

Current relationship satisfaction:

Very satisfied

Satisfied

Somewhat satisfied

Dissatisfied

Very dissatisfied

Sexual orientation: _____

Are you currently sexually active? Yes No

Please describe any past or current significant issues in intimate relationships:

Please list all people currently living in your household:

Name Age Relationship to you

Please describe current living situation: satisfactory unsatisfactory (please describe): _____

Please list all children not living with you:

Name Age Relationship to you

Please describe any past or current significant issues in family relationships:

Please circle to indicate level of social support:

Supportive network Few friends No friends Distant from family of origin

Difficulty with friends (please describe): _____

Employment

Current employment status: employed, unemployed, retired, disabled, student, other
(please describe) _____

Current employer: _____

Job title: _____

Length of time at this job: _____

Employment satisfaction: satisfied, dissatisfied

Previous employment: _____

Reason for leaving: _____

Education

Please circle all that apply:

High school graduate

Vocational school graduate Area of study _____

College graduate Area of study _____

Graduate school Area of study _____

Other training _____

Special circumstances (e.g., learning disabilities, gifted, etc.) _____

Military experience

Please circle all that apply:

No military experience

Served in military Branch _____ Dates of service _____

Combat experience Location _____

Legal history

Are you currently involved in any active legal cases? ____ If so, please describe:

Are you on probation or parole? _____

If so, please describe the circumstances: _____

Do you have a history of jail/prison time? ___ If so, please describe circumstances:

Any substance-related charges? _____

Substance use history

Please circle any substances you have ever used:

Alcohol

Amphetamines/speed

Barbiturates

Caffeine

Cocaine

Hallucinogens (e.g., LSD)

Heroin

Inhalants

Marijuana

Nicotine

Prescription drugs

Other

Current use

Please list any substances currently used, including the amount and frequency:

For previously used substances, please indicate age at first use, amount and frequency of use, and date of last use:

Is there any family history of alcohol/drug use? ___ If so, please describe:

Have you ever received treatment history for alcohol/drug use? ___ If so, please describe type of treatment, dates of treatment, and outcome of treatment:

Please circle any of the following consequences of substance use that you have experienced: hangovers, seizures, blackouts, overdose, withdrawal symptoms, medical conditions, tolerance changes, sleep disturbance, assaults, suicidal impulses, relationship conflicts, job loss, arrests, other (please describe) _____

Cultural/recreational/spiritual history

Please describe your cultural identity _____

Please describe any cultural issues that contribute to current problems:

Please describe any current recreational/community activities:

Have you experienced any recent changes in your activities? ____ If so, please describe:

Do you currently participate in any spiritual activities? ____ If so, please describe:

Please provide any additional information that you think is important for me to know about you:

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