Background Information

Today's Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Is it ok to call you at work? Yes No

Occupation: _____ Employer: _____

Who referred you to me? _____

Status: Single Married Engaged Committed

Separated Divorced Widowed

Number of years or months in current relationship: _____

Spouse or Partner's Name: _____ Age: _____

How many children do you have? _____ How many live in your home? _____

Child Name	DOB	Age	At Home?
			Yes No
			Yes No
			Yes No
			Yes No
			Yes No

Who else lives in your home?

Name_____ Age_____ Relationship_____

Name_____ Age_____ Relationship_____

Name_____ Age_____ Relationship_____

Briefly describe what brings you to counseling at this time? _____

_____

_____

_____

_____

_____

How long has this been a concern for you? _____

What have you tried that has helped? _____

_____

_____

Please continue on the next page.

Name_____

Have you ever received counseling services before? Yes No

If yes, what was the nature of the counseling? (Check all that apply)

Personal Growth	Couple or relationship enhancement	
Marital Counseling	Divorce Counseling	
Parenting	Family violence or abuse	
Employment	Life Change Adjustment	
Substance Abuse	Grief or Loss	Trauma
Anxiety	Depression	Other

When was the date of your last medical checkup? _____
Are you currently under the care of a physician or psychiatrist? Yes No
What medications do you currently take?

Medication	Dosage	Frequency	Symptoms/Diagnosis

Are there other mental or physical conditions that could affect your social, emotional or occupational functioning? If so, please describe: _____

_____
_____
_____
_____

Is there a history of mental illness in your family? Yes No If yes, by whom?

Mother	Father	Sibling	Grandparent	Aunt/Uncle
Cousin	Spouse	Child	Partner	Other

What is the nature of the mental illness? _____

Is there a history of substance abuse in your family? Yes No If yes, by whom?

Mother	Father	Sibling	Grandparent	Aunt/Uncle
Cousin	Spouse	Child	Partner	Other

Please include other information that may be helpful in my work with you.

_____
_____
_____
_____
_____
_____
_____
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_____