

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.

Background Information, Page 2

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