

Biographical Information – Intake Form

Please fill out this 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. Please print or write clearly.

NAME: _____ MALE/FEMALE: _____ DATE: _____

DATE OF BIRTH and PLACE OF BIRTH: _____ AGE: _____

ADDRESS/CITY/STATE/ZIP CODE: _____

TELEPHONES: H: _____ Cell: _____ Work: _____

FOR ROUTINE MESSAGES: Phone # _____ Email: _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

PERSON & PHONE NO. TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (Are you retired?): _____

PRESENTING PROBLEM:

CURRENT: Marital status: _____ Live with someone: _____ Name: _____ Years: _____

PAST & PRESENT MARRIAGE/S (names, years together, and statement about the nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, hostile.):

PRESENT SPOUSE/PARTNER: Education: _____

Occupation: _____

CHILDREN/STEP-CHILDREN (names/ages)

1. _____

2. _____

3. _____

PARENTS/STEPPARENTS (Name/age or year of death, brief statement about the relationship.):

Father: _____

Mother: _____

Stepparents: _____

SIBLINGS (name/age, if deceased: age and cause of death and brief statement about the relationship.):

1. _____

2. _____

3. _____

MEDICAL DOCTOR (S) (name/phone): _____

PRESENT MEDICAL PROBLEMS: _____

SIGNIFICANT MEDICAL HISTORY (surgeries, accidents, falls, illness, etc.):

PRESENT MENTAL HEALTH DIAGANOSSES (diagnosed by psychologist, counselor, psychiatrist, medical doctor): _____

PAST MENTAL HEALTH DIAGNOSES (diagnosed by psychologist, counselor, psychiatrist, medical doctor): _____

PRESCRIPTION MEDICATIONS you are presently taking. Report name of medication and dosage: _____

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

CURRENT OR FUTURE LEGAL INVOLVEMENT/ACTION (Criminal or civil court case, lawsuits, etc.) Specify and Describe: _____

SUICIDE ATTEMPT/S, SELF-HARM BEHAVIOR (describe: ages, reasons, circumstances, how, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: type: ie. Individual therapy, marriage therapy, medication management, school counseling, behavioral health hospitalizations, and year of participation in therapy or hospitalization):

1. _____

2. _____

3. _____