PERSONAL BACKGROUND FORM

Please fill out this form as honestly and accurately as possible. You have a right to choose not to disclose any information requested in this form and can instead choose to discuss it privately with your therapist/assessor. Please note that your therapist/assessor and staff will see your responses to these questions and this information will become an official part of your medical record. Your information is confidential and will not be disclosed to third parties without your consent. This information will be used to help meet your healthcare needs as well as to allow us to identify any potential gaps in care in our clinic. We strive to provide the best healthcare possible, and we appreciate your assistance in this process.

Full Legal Name: _____

1. Select one:
   ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Living with intimate partner
   ☐ Dating

2. What is your current living situation?:
   ☐ Roommate ☐ Significant other/romantic partner ☐ Parents ☐ Siblings
   ☐ Other (please specify: _____)

CULTURAL BACKGROUND

3. Please describe your ethnic/racial identity in your own words:
_____

4. Please describe your gender identity and preferred pronoun in your own words:
_____

5. Please describe your sexual orientation in your own words:
_____

6. What is your religious or spiritual affiliation if any?
_____

7. Do you have any cultural backgrounds that are important to you (e.g., nationality, religion, spirituality, education, economic status, race/ethnicity, gender identity, sexual orientation)? If yes, please give a brief description:
_____
_____
_____

EMPLOYMENT

8. Are you currently employed? ☐ Yes, full-time ☐ Yes, part-time ☐ No, currently unemployed
   If yes, what type of work do you do? _____

9. Please estimate your income before taxes (not including spouse's income) in *any* of the following ways:

i. Hourly _____
ii. Weekly _____
iii. Monthly _____
iv. Yearly _____

10. Please indicate the number of adults & children living in your household:
_____ adults _____ children

11. How satisfied are you with your currently financial situation?
☐ Not Satisfied at all ☐ Somewhat Satisfied ☐ Very Satisfied

EDUCATION

12. How many years of schooling have you completed? _____

13. Are you currently in school?
☐ Yes
☐ No
If yes, what are you studying?
_____

14. Have you experienced any academic or personal difficulties in school?
_____
_____
_____

15. How well did you do in school? (e.g., grades, teacher's report, subjects of strengths/weaknesses)
_____
_____
_____

16. Have you ever been diagnosed with a learning disability?
☐ Yes
☐ No
Have you been assessed for this disability in the past? If so, when?
_____

FAMILY INFORMATION

17. Spouse/Partner: _____ _____ _____
Name Age Living w You?

Children (*Please list all children whether living with you or not*)

(1) _____ _____ _____
Name Age Living w You?
(2) _____ _____ _____
Name Age Living w You?
(3) _____ _____ _____
Name Age Living w You?
(4) _____ _____ _____
Name Age Living w You?

18. Please provide the following information about your family:

Mother Full Name: _____
If deceased, year and cause of death:_____
If living, age and health status:_____
If living, where does she live now?_____
Her occupation (past and/or present)_____
Substance Abuse (past and/or present)_____

Father Full Name:_____
If deceased, year and cause of death:_____
If living, age and health status:_____
If living, where does he live now?_____
His occupation (past and/or present)_____
Substance Abuse (past and/or present)_____

Other guardians/parental figures (e.g., step-parent, partner of parent, aunt):
Full Name(s):_____
If deceased, year and cause of death:_____
If living, age and health status:_____
If living, where does (s)he live now?_____
His/her occupation (past and/or present)_____
Substance Abuse (past and/or present)_____

Siblings:

_____ _____ _____ _____
Name Age Occupation Where located?
_____ _____ _____ _____
Name Age Occupation Where located?
_____ _____ _____ _____
Name Age Occupation Where located?
_____ _____ _____ _____
Name Age Occupation Where located?

PERSONAL HISTORY

19. Where did you grow up? _____
20. Were your parents ever separated or divorced? ☐ Yes ☐ No
If yes, when? _____

SOCIAL RELATIONSHIPS

21. How would you describe your social support network (e.g., parents, siblings, friends, romantic partners)?

_____
_____
_____

22. How satisfied are you with your currently social relationships?

☐ Not Satisfied at all ☐ Somewhat Satisfied ☐ Very Satisfied

MEDICAL HISTORY

23. Have you had a physical examination within the last six months? ☐ Yes ☐ No

If yes, what were the results:

_____

24. Are you currently receiving medical care? ☐ Yes ☐ No

If yes, please describe briefly:

_____
_____
_____

25. Name of physician in case of emergency: _____ Phone: _____

26. Have you experienced any of the following health problems? Please check all that apply:

- ☐ High blood pressure/Hypertension
- ☐ Cardiac/Heart problems
- ☐ Cancer
- ☐ Diabetes
- ☐ Respiratory problems
- ☐ Chronic pain
- ☐ Stroke
- ☐ Headaches
- ☐ Thyroid Issues
- ☐ Ulcer or gastrointestinal problem
- ☐ Kidney disorder
- ☐ Chronic or frequent headaches
- ☐ Dizziness
- ☐ Fainting or Blackouts
- ☐ Injury: What kind? _____
- ☐ Seizures/Convulsions
- ☐ Memory problems
- ☐ Asthma
- ☐ Any other health problems? _____

27. Have you been hospitalized for illness or injury in the past 10 years? ☐ Yes ☐ No
If yes, approximate dates and condition: _____

28. Have you been hospitalized for a psychiatric/psychological reason? ☐ Yes ☐ No
If yes, approximate dates and issue: _____

29. Are you currently taking any medications? ☐ Yes ☐ No

Type of Medication	Average Dosage	Frequency
_____	_____	_____
_____	_____	_____

30. Have there been any serious illnesses, accidents, deaths or other physical concerns within your family in the past 5 years? ☐ Yes ☐ No

If yes, please specify:

_____

_____

PREVIOUS SERVICES

31. Have you ever had any personal (individual) psychotherapy? ☐ Yes ☐ No

If yes, for what concern? _____

Approximate date: _____ For how long? _____

32. Have you ever had couple counseling or family therapy? ☐ Yes ☐ No

If yes, for what concern? _____

Approximate date: _____ For how long? _____

33. If you have received therapy before, was it helpful? ☐ Yes ☐ No

If yes, in what way was it helpful?

_____

If not, in what way was it unsatisfactory?

_____

SUBSTANCE USE

34. Have you ever used any drugs or medications other than as prescribed (for recreational purposes)? This includes prescription medications, marijuana, PCP, LSD, amphetamines, barbiturates, cocaine, opiates, ecstasy, and others.

☐ Yes ☐ No

Are you currently using any of these drugs? ☐ Yes ☐ No

If you have used any drugs or medications other than prescribed, please fill out the requested information:

Type Frequency/Amount (How much?) Duration (How long?) How taken (Injected? Orally?)

_____

_____

_____

35. Do you drink alcohol? ☐ Yes ☐ No

If yes, how much do you drink? _____ drinks per day_____

If yes, do you feel your drinking has caused any problems in your work, school, or relationships? ☐ Yes ☐ No Please explain: _____

PRESENTING PROBLEM

36. In your own words, what brings you into the clinic?_____

_____

_____

_____

_____

37. Have you had problems like this before? ☐ Yes ☐ No

If yes, when?_____

38. When did these problems start?_____

_____

39. What have you tried to make them better?

_____

40. Why are you seeking therapy now (e.g., problems gotten worse recently, recent stressors, etc.)? _____

_____

41. Have you experienced any particular sources of stress in the last year?

☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

42. Do you have any expectations of your services? Are there any concerns?

_____

43. Are there any other health care professionals (e.g., physicians, psychotherapists, social workers, etc.) whom you feel might have information that would help in treatment?

☐ Yes ☐ No

If yes, please give details:

_____

44. Is there any other background information you think would be helpful to know?

☐ Yes ☐ No If yes, please explain:

_____

_____