



## Biographical Information

**NAME:** \_\_\_\_\_ **MALE/FEMALE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DATE OF BIRTH/PLACE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**WHAT PRO-NOUN DO YOU PREFER?:** \_\_\_\_\_

**HIGHEST GRADE/DEGREE:** \_\_\_\_\_ **TYPE OF DEGREE:** \_\_\_\_\_

**FAMILY MIGRATION HISTORY:** \_\_\_\_\_

**WHAT ETHNICITY DO YOU IDENTIFY AS?:** \_\_\_\_\_

**PRESENTING PROBLEM** (be as specific as you can: when did it start, how does It affect you...): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimate the severity of above problem: Mild-Moderate-Severe-Very severe**

**CURRENT MARITAL STATUS:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Years:** \_\_\_\_\_

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

**PRESENT SPOUSE/PARTNER:** Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

**CHILDREN/STEP/GRAND**(names/ages & brief statement on your relationship with the person)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS/STEP-PARENTS** (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

**Father:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Step-Parents:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS** (name/age, if dead: age and cause of death & brief statement about the relationship):

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR CHILDHOOD IN GENERAL** (Relationships with parents, siblings, others, school, neighborhood, relocations. any school/behavioral/problems, abusive/alcoholic parent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF PARENTS DIVORCED:** Your age at the time: \_\_\_\_\_ Describe how it affected you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE** {including suicide, depression. hospitalizations In mental institutions, abuse, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL DOCTOR/S** (name/phone): \_\_\_\_\_

**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents, fall, illness):

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**SPECIFY MEDICATION** you are presently taking and for what. **PRINT** clearly:

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

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**SUICIDE ATTEMPT/S** or **VIOLENT BEHAVIOR** (describe ages, reasons, circumstances, how, etc) \_\_\_\_\_

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**FAMILY MEDICAL HISTORY** (Describe any illness that runs in the family: cancer, epilepsy, etc)

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**FRIENDSHIPS, COMMUNITY, & SPIRITUALITY** (Describe quality): \_\_\_\_\_

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**PAST/PRESENT PSYCHOTHERAPY** (specify: month year/s (beginning-end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

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**USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPIST**

**ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S,  
LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):**

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**What gives you the most joy or pleasure in your life?**\_\_\_\_\_

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**What are your main worries and fears?**\_\_\_\_\_

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**What are your most Important hopes or dreams?**\_\_\_\_\_

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**What are your goals for Therapy?**\_\_\_\_\_

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**Please add on the other Side of the page or on a separate page any other information  
you would like me to know about you and your situation**