

PATIENT INFORMATION FORM

Name:

Age:

D.O.B.:

Marital Status:

Date of Completion:

Please state specifically the reason you are seeking therapy. Include what is your therapy goal.

Please provide the information requested below in preparation for your psychotherapy process. PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT. THANK YOU

FAMILY HISTORY:

Include deaths, illnesses, psychiatric history, and substance abuse history.

Mother:

Father:

Are your parents still married? If not, when did they divorce?

What impact did the divorce or relationship between your parents have on you?

Quality relationship between you and your parents:

Siblings (include birth order):

What is the quality of the relationship between you and your siblings?

DEVELOPMENTAL HISTORY:

Was there any abnormality in your gestation and/or birth?

Did you achieve developmental milestones (walking, talking, etc) at the usual times, early, late?

As a child were you the victim of physical or verbal abuse? At what ages? By whom?

Most meaningful event in your life.

What do you consider to be the worst experience in your life?

What do you consider to be the most memorable experience in your life?

What do you consider to be the most shaping experience of your life?

What experiences in your development do you believe contributed to your identity?

How would you describe your self-esteem?

How do you handle anger?

What experiences in your life demonstrate your ability to manage control and powerlessness?

EDUCATIONAL HISTORY:

What is the highest educational level you have attained?

(If college/professional training, please give dates, institutions, degrees)

Did you ever have to repeat a grade or have you ever failed a course?

Did you ever participate in any type of special education as a child or adolescent?

Did you have an IEP or 504? Which? For what?

Please describe your academic performance (excellent, above average, average, below average, poor) in – list date of graduation for each

Elementary school:

Middle/junior high school:

High school:

College:

Graduate school:

What types of extra-curricular activities did you participate in during:

Middle school:

High school:

College:

Among your classmates/peers, how popular were you in high school and college?

Please describe any behavior problems that you might have had at any point in your educational process:

Were you teased in school? For what?

OCCUPATIONAL HISTORY:

Please list your adulthood employment history, beginning with your current position. Include dates and type of armed forces service, if applicable:

Position:

Dates of Employment

Is your current income (combined income) adequate for your needs?

Are you currently experiencing any significant debt?

Have you ever declared bankruptcy/felt you should declare bankruptcy? Explain.

RELATIONAL HISTORY:

Do you have a significant other? Person's name?

How did you meet?

How long have you been together?

List all previous relationships in chronological order. Include partner's names, dates they began and dates they ended, why they ended and whether they were marital or non-marital:

Current Relationship/Marriage (partners name, age, health status, status of relationship):

Children (names, ages, from which relationship/marriage, how are they doing currently?)

SOCIAL HISTORY:

Do you (you and your significant other) have friends that you socialize with?

Describe the relationships (how many friends do you have, how much time do you spend with them, are they close friendships or just social interactions, what types of thing do you do together.

If not, why not? (shyness, not interested in having friends, don't meet anyone, new to area, no free time, etc.)

What are your hobbies/interests?

If you are not in a relationship, describe your relationships, how you met, the quality of the relationships and how they ended.

How did your relationships play into your emotional/psychological issues?

RELIGIOUS HISTORY:

Did your parents raise you within a particular religious tradition? If yes, which one?

How were your parents attitudes about parenting influenced by their religious practices?

Do you practice a particular religious tradition as an adult? If yes, which one?

How, if at all, do your religious beliefs impact upon your attitudes about your daily living?

LEGAL HISTORY:

Have you ever been arrested? (please give dates, circumstances, outcome)

Have you ever been charged with a crime? (please give dates, circumstances, outcome)

Have you ever been involved in any type of litigation? (please provide details)

What have been your interactions with the legal system?

HEALTH HISTORY

Please list all medications you are currently taking, including dose and how often per day you take the medication:

Please list any drug allergies that you have, and what your reaction has been when you have taken the drug in the past:

Please list any chronic medical problems that you have (e.g. asthma, high blood pressure, diabetes):

Please list dates and types of surgery that you have had:

Please list dates and types of significant acute illness that you have had:

Please indicate whether and when you have ever had:

Seizure(s):

Loss of consciousness:

Head trauma:

Have you ever been tested for HIV?

If yes, please list the date(s) and test results?

Do you have medical insurance?

PSYCHIATRIC HISTORY:

Have you ever been hospitalized for a psychiatric problem (inpatient)? Please give dates, location, problem for which you were hospitalized, and type of treatment:

Please list any present or past outpatient mental health services you have received, including dates, presenting problem, and duration of your treatment:

Please list any medication you have taken for problems with mood, anxiety, or other psychological or psychiatric difficulty:

SUBSTANCE USE: Please complete the table below:

	Age of first use	Frequency	Last use

Height: _____

Weight: _____

TRAUMA HISTORY

Describe any physical, emotional, sexual trauma in detail. Dates, age?

SEXUAL HISTORY FOR SEXUAL OFFENDERS

The following is for those who are seeking therapy for a sex offense or sexual addiction.

At what age did you start having sexual experiences?

How did you learn of sex?

Have you paid for sexual experiences?

How often are you sexual?

How often are you masturbating?

What unusual sexual experiences have you had?

Have you been sexually abused as a child? Age? Circumstances?