

# ***Biographical Information Form***

**Instructions:** To assist in helping you, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply, leave them blank. Please use additional paper if necessary to answer the questions.

## **Personal History**

- 1 Name: \_\_\_\_\_ 2 Ethnic Background: \_\_\_\_\_
- 3 Today's Date: \_\_\_\_\_
- 4 Have you been involved in therapy previously?: \_\_\_ Yes \_\_\_ No
- 5 If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- 6 State in your own words the nature of your problem?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7 How long has this problem persisted?: \_\_\_\_\_
- 8 Under what conditions do the problems usually get worse?: \_\_\_\_\_  
\_\_\_\_\_
- 9 Under what conditions are the problems usually improved?: \_\_\_\_\_  
\_\_\_\_\_

## **Medical History**

- 10 Name and Address of Physician(s):
- 11 Physician's Name: \_\_\_\_\_
- 12 Address: \_\_\_\_\_  
Street & Number City State Zip
- 13 Most Recent Physical Exam: \_\_\_\_\_ Results: \_\_\_\_\_  
\_\_\_\_\_
- 14 List any major illnesses and/or operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 15 List any physical concerns occurring at present (e.g., high blood pressure, headaches, dizziness, etc.): \_\_\_\_\_  
\_\_\_\_\_

- 16 List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:  
 \_\_\_\_\_  
 \_\_\_\_\_
- 17 On average how many hours of sleep do you receive daily?: \_\_\_\_\_
- 18 Do you have trouble falling asleep at night? \_\_\_ Yes \_\_\_ No
- 19 If Yes, how long has this been a problem? \_\_\_\_\_
- 20 What medications (and dosages) are being taken at present, and for what purpose?: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family History**

- 21 Mother's age: \_\_\_\_\_ If deceased, how old was the child when she passed away?: \_\_\_\_\_
- 22 Father's age: \_\_\_\_\_ If deceased, how old was the child when he passed away?: \_\_\_\_\_
- 23 If parents are separated or divorced, how old was the child then?: \_\_\_\_\_
- 24 Number of brother(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 25 Number of sister(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 26 Were you adopted or raised with parents other than your biological parents?: \_\_\_ Yes \_\_\_ No
- 27 Briefly describe the your relationship to your brothers and/or sisters:
- 28 Biological siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 29 Step and/or half siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 30 Have you experienced abuse? \_\_\_ Yes \_\_\_ No
- 31 If Yes, which type(s) of abuse? \_\_\_ Verbal \_\_\_ Physical \_\_\_ Sexual
- Comments: \_\_\_\_\_  
 \_\_\_\_\_
- 32 Mother's occupation: \_\_\_\_\_ Father's occupation \_\_\_\_\_
- Your occupation: \_\_\_\_\_
- 33 What is your employment history? (Describe types of work, attitudes toward work, reasons for leaving jobs.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 34 Describe how you feel about your current job.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

35 What was it like to grow up in your family? Please include issues related to how discipline was handled, how feelings were dealt with, how losses were dealt with, any incidences of sexual abuse and/or physical/emotional abuse, and the family's economic status when you were growing up :\_\_\_\_\_

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36 Are you currently married or involved in a long-term relationship? If so, describe this relationship:

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37 Identify any previous marriages or long-term relationships. Note reason for separation or divorce:

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38 Do you have any children? If so please describe them: \_\_\_\_\_

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40 Describe your current support system. Include personal relationships as well as support groups:

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41 Describe three of your strengths. Be specific about how they help you in your daily life:

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42 List three things you would like to improve about yourself.

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43 Additional information you believe would be helpful: \_\_\_\_\_

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