

Your Family Matters - Requested Personal History / Intake Form — Adult (18+)

Please provide the following information for our records. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as our therapy.

Please print out this form and bring it to your first session or allow yourself at least 30 minutes prior to your appointment to complete the form in the office.

Client's name: _____ Date: _____
 Gender: ___ F ___ M Date of birth: _____ Age: _____
 Form completed by (if someone other than client): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone (home): _____ Leave a msg? Yes No
 (Work): _____ ext: _____ Leave a msg? Yes No
 Phone (cell): _____ (work): _____ ext: _____
 Email: _____ May we email you? Yes No

If you need any more space for any of the questions please use the back of the sheet.

Primary reason(s) for seeking services:

___ Anger management ___ Anxiety ___ Coping ___ Depression
 ___ Eating disorder ___ Fear/phobias ___ Mental confusion ___ Sexual concerns
 ___ Sleeping problems ___ Addictive behaviors ___ Alcohol/drugs
 ___ Other mental health concerns (specify): _____

Family Information

Relationship	Name	Age	Living		Living with you	
			Yes	No	Yes	No
Mother	_____	_____	___	___	___	___
Father	_____	_____	___	___	___	___
Spouse	_____	_____	___	___	___	___
Children	_____	_____	___	___	___	___
	_____	_____	___	___	___	___
	_____	_____	___	___	___	___

Significant others (e.g., brothers, sisters, grandparents, step-relatives, half-relatives. Please specify relationship.)

Relationship	Name	Age	Living		Living with you	
			Yes	No	Yes	No
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___

Are you currently in a romantic relationship? Yes No

If yes, how long have you been in this relationship? _____

Assessment of current relationship (if applicable): _____ Good _____ Fair ___ Poor

Marital Status (more than one answer may apply)

Single _____ Divorce in process _____ Unmarried, living together
 Length of time: _____ Length of time: _____
 Legally married _____ Separated _____ Divorced
 Length of time: _____ Length of time: _____ Length of time: _____
 Widowed _____ Annulment
 Length of time: _____ Length of time: _____ Total number of marriages: _____
 Assessment of current relationship (if applicable): _____ Good _____ Fair ___ Poor

Parental Information

Parents legally married _____ Mother remarried: Number of times: _____
 Parents have ever been separated _____ Father remarried: Number of times: _____
 Parents ever divorced
 Special circumstances (e.g., raised by person other than parents, information about spouse/children not living with you, etc.): _____

Development

Are there special, unusual, or traumatic circumstances that affected your development? _____ Yes _____ No

If yes, please describe: _____

Has there been history of child abuse? _____ Yes ___ No

If yes, which type(s)? _____ Sexual _____ Physical _____ Verbal

If yes, the abuse was as a: _____ Victim _____ Perpetrator

Other childhood issues: _____ Neglect _____ Inadequate nutrition _____ Other (please specify): _____

Comments re: childhood development: _____

Social Relationships

Check how you generally get along with other people: (check all that apply)

Affectionate _____ Aggressive _____ Avoidant _____ Fight/argue often _____ Follower
 Friendly _____ Leader _____ Outgoing _____ Shy/withdrawn _____ Submissive
 Other (specify): _____

Sexual orientation: _____ Comments: _____

Sexual dysfunctions? _____ Yes ___ No

If yes, describe: _____

Any current or history of being a sexual perpetrator? _____ Yes ___ No

If yes, describe: _____

Cultural/Ethnic

To which cultural or ethnic group, if any, do you belong? _____

Are you experiencing any problems due to cultural or ethnic issues? _____ Yes _____ No

If yes, describe: _____

Other cultural/ethnic information: _____

Spiritual/Religious

How important to you are spiritual matters? Not Little Moderate Much

Are you affiliated with a spiritual or religious group? Yes No

If yes, describe: _____

Were you raised within a spiritual or religious group? Yes No

If yes, describe: _____

Would you like your spiritual/religious beliefs incorporated into the counseling? Yes No

If yes, describe: _____

Legal

Current Status

Are you involved in any active cases (traffic, civil, criminal)? Yes No

If yes, please describe and indicate the court and hearing/trial dates and charges: _____

Are you presently on probation or parole? Yes No

If yes, please describe: _____

Past History

Traffic violations: Yes No

DWI, DUI, etc.: Yes No

Criminal involvement: Yes No

Civil involvement: Yes No

If you responded yes to any of the above, please fill in the following information.

Charges	Date	Where (city)	Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

Fill in all that apply: Years of education: _____ Currently enrolled in school? Yes No

High school grad/GED

Vocational: Number of years: _____ Graduated: Yes No Major: _____

College: Number of years: _____ Graduated: Yes No Major: _____

Graduate: Number of years: _____ Graduated: Yes No Major: _____

Other training: _____

Special circumstances (e.g., learning disabilities, gifted): _____

Employment

Begin with most recent job, list job history:

Employer	Dates	Title	Reason left the job	How often miss work?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently: FT PT Temp Laid-off Disabled Retired

Social Security Student Other (describe): _____

