

BIOGRAPHICAL INFORMATION – INTAKE FORM

Center For Positive Change, LLC

Please fill out this biographical background form as completely as possible. It will help me and our work together. All information is confidential as outlined in the office policies. The information will become part of your written medical record. If you do not desire to answer any questions, merely write "do not care to answer." Please print or write clearly and send ahead or bring it with you to the first session.

Name: _____ Gender Identity: _____ Date: _____

Sexual Orientation: _____ Date of Birth: _____ Age: _____

Place of Birth: _____ Phone: _____ Email: _____ Fax: _____

Highest grade/degree: _____ Type of Degree: _____

Person and phone # to call in emergency: _____

Referral Source: _____

Occupation (former if retired): _____

Presenting Problem: _____

Estimate the severity of the above problem: Mild ____, Moderate ____, Severe, ____, Very Severe ____

Current Marital Status: ____, Cohabitate ____, S.O. 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 them)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parents/Step-parent (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):

1. _____
2. _____
3. _____
4. _____
5. _____

Medical Doctor/s: (name/phone): _____

Past/present medical care (Significant major medical problems, surgeries, accidents, falls, illnesses):

Specify all MEDICATIONS you are presently taking and for what. Please PRINT clearly:

PAST drugs/alcohol use and abuse (AA, NA, treatments): _____

CURRENT use of drugs and alcohol:

Preferred substances _____

Daily use: _____ Weekly Use: _____ Monthly Use: _____

Last time legally intoxicated _____

Past psychiatric history: (diagnoses; treatment length and estimated number of sessions; reason for therapy; Ind/Couples/Family; how and why it ended; provider's name and your relationship to them):

1. _____
2. _____
3. _____

Note: use other side as needed

Suicide attempt/s or violent behavior (describe ages, reasons, circumstances, means, etc.) _____

Have you had suicidal/homicidal urges or behavior in the past (YES or NO): ____ WEEK ____ TODAY

If you are currently having suicidal/homicidal urges:

Do you INTEND to act on them: ____ yes ____ no

Do you have suicidal/homicidal PLAN: ____ yes ____ no

What MEANS would you use? _____

History of psychosis (delusions or hallucinations—onset, duration, type) _____

Current general psychological symptoms: _____

Note: please use other side as needed

Family history of addiction, mental illness, or violence (including suicide, depression, hospitalizations in mental institutions, abuse, etc.): _____

Note: please use other side as needed

Describe your childhood in general (relationship with parents, siblings, others, neighborhood, relocations, friendships): _____

If parents divorced: Your age at the time: _____ ; Describe how it affected you at the time: _____

Brief history of trauma/abuse (onset, duration, perpetrators, situation):

Educational History:

Academic performance: _____

Social performance: _____

Occupational history (brief history, fulfillment level, hopes/plans for your future): _____

CURRENT Friendships and community (describe quality, frequency, activities, etc.) _____

History of Spiritual and Religious experiences: _____

Legal History: _____

What is your greatest FEAR? _____

What are you preferred personal STRENGTHS? _____

When in life are you at your BEST? _____

In what way are you the most CREATIVE? _____

What gives you the most JOY or HAPPINESS in your life? _____

What are your most important HOPES or DREAMS? _____

What are your specific and measurable GOALS for psychotherapy? _____

