

# CENTER FOR POSITIVE CHANGE, LLC

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## INTAKE FORM - BIOGRAPHICAL INFORMATION

Please fill out this biographical background form as completely as possible. All information is confidential. 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 & Phone # to call in Emergency:					
Referral Source:					
Occupation (former if retired):					

### History of Presenting Problem

Presenting Problem:	
Estimate the severity of the above problem:	
Severe _____	Very Severe _____
Mild _____	Moderate _____

# INTAKE FORM

## Psychiatric History

Past Psychiatric History (diagnoses; treatments, & current symptoms):


Suicidal or Violent Behavior History:

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ARE YOU CURRENTLY HAVING SUICIDAL/HOMICIDAL URGES:

_____ NO _____	YES
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## Trauma History

Brief History of Trauma/Abuse (onset, duration, perpetrators, situation):


## Family Psychiatric History

Family History of Mental Illness, Addiction, or Violence (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):


# INTAKE FORM

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## Medical History

Medical Doctor/s: (Name & Phone):

Past/Present Medical Care (Significant major medical problems, surgeries, accidents, falls, illnesses):


## Current Medications

Specify all MEDICATIONS you are Presently Taking and for What. Please PRINT clearly:


## Substance Use History

Substance Abuse History:

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CURRENT Use of Drugs and Alcohol:

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Preferred Substances:

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Daily Use:

Weekly Use:

Monthly Use:

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## FAMILY HISTORY

## INTAKE FORM

<i>Current Marital Status:</i> <i>Cohabitate:</i>	<i>Name:</i>	<i>Years:</i>
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*History of Significant Relationships - (Describe the nature of the relationship):*

*Children/Step/Grand: (Names/Ages & brief statement on your relationship with them)*

1.

2.

*Parents/Step-parent (Name/Age or year of death/cause of death, occupation, personality, how did they 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.

*Describe Your Childhood in General (relationships with parents, siblings, others, neighborhood, relocations, friendships):*

# INTAKE FORM

<i>If Parents Divorced: Your age at the time: the time:</i>	<i>Describe how it affected you at</i>
<i>Academic Performance:</i>	
<i>Social Performance:</i>	

## *Social History*

*CURRENT Friendships and Community (describe quality, frequency, activities, etc.):*

## *Spiritual/Cultural History*

*History of Spiritual and Religious experiences:*

## *Educational/Vocational History*

*Educational History:*

*Occupational History (brief history, fulfillment levels, hopes/plans for your future):*

INTAKE FORM

<i>Legal History:</i>

<i>What Is Your Greatest FEAR?</i>

<i>What Are Your Preferred Personal STRENGTHS?</i>

<i>What Are Your Most Important HOPES or DREAMS?</i>

<i>What Are Your Specific and Measurable GOALS for Psychotherapy?</i>