Counseling Associates, LCC

Personal History Form

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):_____(Work):_____OK to leave a message? Y N

E-mail address_____ OK to send a message? Y N

1. PROBLEM DESCRIPTION: Briefly describe the problem you most wish help with right now:

_____

_____

_____

2. PROBLEM INTENSITY: How would you rate the intensity of the problem or concern that brought you in? (Circle the appropriate number):

1 2 3 3 5 6 7 8 9 10

Not Intense Moderately Intense Extremely Intense

3. PROBLEM DURATION: Approximately how long have you had the current problem?_____

4. COPING ATTEMPTS: In what ways have you attempted to cope with this problem?_____

_____

_____

_____

5. MOTIVATION: How motivated are you to resolve your concerns?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Highly

6. ATTITUDE: How optimistic are you that your concern(s) can be addressed?

☐ Not at all ☐ Mildly ☐ Moderately ☐ Highly

BACKGROUND INFORMATION

1. Please list the members of your family of origin, including ages and occupations (e.g. father, 42, Lawyer; stepmother, 40, teacher;

_____

_____

_____

2. Please check any past, present, or impending special problems occurring with you or your family:

☐ Deaths	☐ Physical/sexual abuse
☐ Divorce	☐ Financial crisis/unemployment
☐ Frequent relocations	☐ Legal problems
☐ Debilitating injuries/disabilities	☐ Attempted/completed suicide
☐ Alcohol/drug abuse	☐ Eating disorders
☐ Serious illness	☐ Other_____
☐ Psychaitric disorder	

Please specify family member(s), which special problem, and approximate year of occurrence (e.g. mother-serious illness, 1988 etc.) _____

_____

_____

3. Have you personally experienced significant family abuse?

☐ None ☐ Unsure ☐ Emotional ☐ Physical ☐ Sexual

4. Did you experience learning problems in elementary or high school?

☐ None ☐ Little ☐ Some ☐ Substantial ☐ Lots, constant struggle

5. In general, how happy or adjusted were you growing up?

☐ Very unhappy ☐ Unhappy ☐ Average ☐ Mostly happy ☐ Very happy

6. How much is your **immediate** family a source of support for you?

☐ None ☐ Little ☐ Somewhat ☐ Substantial ☐ Very strong

7. How much is your **family of origin** a source of support for you?

☐ None ☐ Little ☐ Somewhat ☐ Substantial ☐ Very strong

HEALTH AND SOCIAL ISSUES

1. How is your physical health at the present?

   ☐ Poor ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Very good

2. Please list any persistent physical symptoms or health concerns (e.g. headaches, diabetes, etc.)

   _____

   _____

3. Are you currently taking any prescribed medication? Y N
   Please list_____

   _____

4. Do you have difficulty with sleeping? Y N (If yes, please indicate):

   ☐ Sleeping too much ☐ Sleeping too little ☐ Poor quality sleep
   ☐ Disturbing dreams ☐ Other_____

5. How many times per week do you exercise?_____ For how long?_____

6. Are you having any difficulty with appetite or eating habits? Y N
   (If yes, please indicate):

   ☐ Eating less ☐ Eating more ☐ Binging ☐ Restricting ☐ Significant weight change

7. Do you regularly use alcohol? Y N
   In a typical month, how often do you have 4 or more drinks?_____

8. How often do you engage in recreational drug use?

   ☐ Never ☐ Rarely ☐ Monthly ☐ Weekly ☐ Daily

   Do you consider this drug use a problem? Y N Unsure

9. Do you have any worries about sexual functioning? Y N (If yes, please indicate):

   ☐ Lack of desire ☐ Performance problem ☐ Sexual impulsiveness
   ☐ Difficulties maintaining arousal ☐ Worry about STD ☐ Other_____

10. Have you ever experienced sexual assault, unwanted sex, or uncomfortable touching?

    ☐ Unsure ☐ Never ☐ Once ☐ A few times ☐ Frequently

11. Have you ever been the victim of a crime? Y N (If yes, please indicate):

    _____

12. Have you had any near-death experiences? Y N

13. Have you had any suicidal thoughts? ☐ Never ☐ Rarely ☐ Sometimes ☐ Often

14. Have you ever intentionally inflicted harm upon yourself? Y N