

BACKGROUND INFORMATION FORM

Name: _____

Marital status: Married Partnered Single Widowed Divorced Other: _____

Number of children: _____ Ages of children: _____

Years of formal education: _____ Occupation: _____

Please list everyone living in the same house with you, their age, and relationship to you.

Name	Age	Relationship to Client
1.		
2.		
3.		
4.		
5.		

Briefly describe why you have come for psychotherapy. What do you hope will happen or be different?

How do you typically cope with challenges / stress? _____

What are your strengths? _____

Please circle any issues that are of concern to you:

- | | | | |
|---------------------|-------------------|--------------------|--------------------|
| Relationship Issues | Depression | Anxiety | Self-esteem Issues |
| Social Life | Suicidal Thoughts | Eating | Self-Harm |
| Alcohol/ Drug Use | Work/ School | Sex or Sexuality | Spiritual Life |
| Finances | Legal Involvement | Sexual Orientation | Sleep |

Other issues of concern? _____

Please circle any significant changes over the last three years:

Deaths Births Illnesses/ Injuries Job Change Change in Relationship Status Relocation

Please explain any of the above:

Have you ever been in counseling of any kind?

Problem	Dates of Treatment	Type of Treatment
1.		
2.		
3.		
4.		
5.		
6.		

Have you ever been hospitalized for psychological or psychiatric reasons? Yes No

If yes, please note dates and reason for hospitalization:

Dates of Hospitalization	Where hospitalized	Reason for Hospitalization
1.		
2.		
3.		
4.		
5.		
6.		

Circle any medical problems that apply to you:

- | | | |
|-----------|---------------------|-----------------|
| Epilepsy | Insomnia | Asthma |
| Diabetes | Sleep Apnea | Stroke |
| Headaches | High blood pressure | Kidney Problems |
| Migraines | Cardiac Problems | Chronic Pain |

Other: _____

What medications (including vitamins or herbal supplements) do you currently take, how much, and for what reasons?

Medication	Amount & Frequency	Reason	Who prescribes this?
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Have you ever taken medications for psychological conditions such as depression or anxiety?

____ Yes ____ No

If yes, please list names of medications, approximate dates of use, reason for taking the medications, and how much you think they helped:

Medication	Dates of Use	Reason	How much they helped
1.			
2.			
3.			
4.			
5.			