

## GENERAL BACKGROUND INFORMATION

The following survey will help us to quickly gather some essential information about you and your life experiences up to now. **This will also save time in your sessions.** Please complete each item legibly and mail or return this form promptly. Your help is appreciated!

**Date** \_\_\_\_\_ (required to identify you to your insurance plans, etc)  
Soc. Sec. # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Unit or Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home tel. \_\_\_\_\_ What is best time to reach you? \_\_\_\_\_

Other contact info you wish us to have for you or your spouse/partner? (Cell phone(s), **E-mail address**, faxes, etc):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ May we have your business card(s)? Y N

Work tel. \_\_\_\_\_ Ext \_\_\_\_\_ OK to call you at work? \_\_\_\_\_

Your usual work days and hours (9am-5pm?) \_\_\_\_\_ Days Off? \_\_\_\_\_

Employment name and address \_\_\_\_\_

How long there? \_\_\_\_ Position \_\_\_\_\_ How do you feel about this job? \_\_\_\_\_

Spouse/partner's name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_

Spouse's employment \_\_\_\_\_ How long there? \_\_\_\_\_

Married/living together how long? \_\_\_\_\_ Will spouse/partner want to attend some sessions with you? Y N ?

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If we needed to reach you in the future (if, for example, you had moved) who could be contacted that would likely know how to reach you?

Name \_\_\_\_\_ Relationship to you? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Tel(s) \_\_\_\_\_

In an emergency, who would you want us to notify?

Name \_\_\_\_\_ Relationship to you? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Tel(s) \_\_\_\_\_

With whom do you live? \_\_alone \_\_with spouse&chil \_\_with parents \_\_with roommates \_\_other \_\_\_\_\_

Current marital status? \_\_marr \_\_single \_\_div \_\_sep \_\_widowed \_\_remarried \_\_living together

Dates associated with above? \_\_\_\_\_

Previously married/divorced? \_\_\_\_\_

Please list the names and ages of all children (including step-children) who currently live in the same household with you: \_\_\_\_\_  
\_\_\_\_\_

Please list the names and ages of all children (including step-children) who do NOT live in the same household with you: \_\_\_\_\_

How satisfied are you with your current marital and living arrangements? Are you considering any major changes? \_\_\_\_\_

**Family background:**

1 Father – his present age? \_\_\_\_\_ In good health? \_\_\_\_\_ Do you see/talk to him regularly? \_\_\_\_\_ If deceased, when (mo/year)? \_\_\_\_\_ At what age? \_\_\_\_\_ What was the cause of death? \_\_\_\_\_ How old were YOU when he died? \_\_\_\_\_ His primary occupation and educational level? \_\_\_\_\_ How would you describe your relationship to your father? \_\_\_\_\_

2 Mother – her present age? \_\_\_\_\_ In good health? \_\_\_\_\_ Do you see/talk to her regularly? \_\_\_\_\_ If deceased, when (mo/year)? \_\_\_\_\_ At what age? \_\_\_\_\_ What was the cause of death? \_\_\_\_\_ How old were YOU when she died? \_\_\_\_\_ Her primary occupation and educational level? \_\_\_\_\_ How would you describe your relationship to your mother? \_\_\_\_\_

3 If your parents were divorced, remarried, widowed, etc please describe how old you were when these events occurred and how you were effected? \_\_\_\_\_

4 If you did not live with both your parents when you were a child, please describe the circumstances and who brought you up, between what ages, etc \_\_\_\_\_

5 Please list your brothers and sisters (INCLUDE yourself) by first name and birth order:  
1<sup>st</sup> born \_\_\_\_\_ Age now \_\_\_\_\_ a full or step-sibling? Living where now? \_\_\_\_\_  
2<sup>nd</sup> born \_\_\_\_\_ Age now \_\_\_\_\_ a full or step-sibling? Living where now? \_\_\_\_\_  
3<sup>rd</sup> born \_\_\_\_\_ Age now \_\_\_\_\_ a full or step-sibling? Living where now? \_\_\_\_\_  
4<sup>th</sup> born \_\_\_\_\_ Age now \_\_\_\_\_ a full or step-sibling? Living where now? \_\_\_\_\_  
5<sup>th</sup> born \_\_\_\_\_ Age now \_\_\_\_\_ a full or step-sibling? Living where now? \_\_\_\_\_  
6<sup>th</sup> born \_\_\_\_\_ Age now \_\_\_\_\_ a full or step-sibling? Living where now? \_\_\_\_\_  
7<sup>th</sup> born \_\_\_\_\_ Age now \_\_\_\_\_ a full or step-sibling? Living where now? \_\_\_\_\_

6 In your opinion, do/did any of the members of your family have serious behavioral, emotional, or medical problems (including alcohol or drug abuse)? \_\_\_\_\_

7 In general, how would you describe your relationship to and position within the family? Was there anything unusual-good or bad- that had an effect on you or the family? \_\_\_\_\_

8 What is/was your family's ethnic and religious background? \_\_\_\_\_  
Does this remain important to you? \_\_\_\_\_

**Your personal background:**

9 High school you attended \_\_\_\_\_ Where? \_\_\_\_\_ Graduate? Y N

10 College or other schools attended –  
School When Major/ Degree Graduated when?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11 Describe any future educational plans or goals you may have \_\_\_\_\_  
\_\_\_\_\_
- 12 Are you an armed forces veteran? Y N Describe branch, rank, and discharge \_\_\_\_\_  
\_\_\_\_\_
- Did your military service affect your personal development, habits, career choices, or emotional health? \_\_\_\_\_
- 13 What other kinds of jobs have you had in the past and why did you leave them? \_\_\_\_\_  
\_\_\_\_\_
- 14 What are some of your personal interests, hobbies, leisure time activities, organizations you attend, etc?  
\_\_\_\_\_  
\_\_\_\_\_
- 15 Are you satisfied with how you spend your free time? What would you like to do differently if you could?  
\_\_\_\_\_  
\_\_\_\_\_
- 16 Who among your family and friends do you feel closest to or trust for advice? \_\_\_\_\_  
\_\_\_\_\_
- 17 Do you have any pets (and their names?) \_\_\_\_\_
- 18 Do you own guns or are there any guns in your household? \_\_\_\_\_
- Your health history:**
- 19 How would you describe your current health? \_\_ Excellent \_\_ Good \_\_ Fair \_\_ Poor  
Date of your last medical check-up? \_\_\_\_\_ Any current problems you are now receiving treatment for? \_\_\_\_\_  
\_\_\_\_\_
- 20 Any past serious medical problems you have experienced (accidents, serious illnesses, injuries, hospitalizations, chronic conditions, etc)? \_\_\_\_\_  
\_\_\_\_\_
- Any current allergies/medications or past allergic reactions? \_\_\_\_\_
- 21 **Your current personal physician:** (Bring in their biz card for us?) Name \_\_\_\_\_  
(COMPLETE)Office address \_\_\_\_\_  
Telephone (if possible) \_\_\_\_\_  
In case we need to coordinate a medication evaluation or some aspect of your treatment, may we contact this physician on your behalf (sometimes required by your health insurance managed care plan)? **Yes No**
- 22 Please list any prescription, non-prescription, or herbal medications you are taking now or take regularly –  
Medication                      Dosage (mg x day)?              For what problem?              When started?              Effective?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Any sleep problems, and what is your usual sleep schedule? \_\_\_\_\_  
\_\_\_\_\_
- 23 How would you describe your use of alcohol, marijuana, street drugs, etc? \_\_\_\_\_  
\_\_\_\_\_
- 24 Have you ever entered a rehabilitation program for alcohol or substance abuse? Yes No  
Where? \_\_\_\_\_ When? \_\_\_\_\_  
Was it helpful to you? \_\_\_\_\_  
Do you currently attend meetings for Alcoholics Anonymous, Narcotics Anonymous, etc? \_\_\_\_\_

25 Have you ever entered a psychiatric hospital in-patient program (for observation, a breakdown, an attempt to harm self or others, etc?) Yes No When? \_\_\_\_\_ Where? \_\_\_\_\_

What was the reason/diagnosis? \_\_\_\_\_  
Was it helpful? \_\_\_\_\_

26 Have you ever been in outpatient therapy before? Yes No

(1)Name and location of doctor or therapist? \_\_\_\_\_  
When and for how long? \_\_\_\_\_

Was it helpful to you? \_\_\_\_\_

(2)Name and location of doctor or therapist? \_\_\_\_\_  
When and for how long? \_\_\_\_\_

Was it helpful to you? \_\_\_\_\_

27 **How did you hear about "The Psychology Center, Inc." sm ?**

\_\_\_ Were you or a family member a previous client with us? \_\_\_\_\_

\_\_\_ If you were referred to us by someone you know (we always appreciate it when someone receives a personal referral to us), who suggested us? \_\_\_\_\_

How do you know them? \_\_\_\_\_ May we thank them? Y N

\_\_\_ from your insurance plan? \_\_\_\_\_

\_\_\_ from the Internet? Under what site or listing? \_\_\_\_\_

\_\_\_ from the Yellow Pages? \_\_\_ in the neighborhood phone book? (can you tell us which neighborhood book - \_\_\_ Beverly directory \_\_\_ Evergreen/Oak Lawn directory \_\_\_ Other? \_\_\_\_\_

Which telephone directory listing(s) did you find us under? \_\_\_ Psychologists \_\_\_ Marriage & Family Therapists \_\_\_ Counselors \_\_\_ other listing \_\_\_\_\_

\_\_\_ from some other person or way?(your physician, an attorney, our building sign?) \_\_\_\_\_

28 Was there anything about "The Psychology Center, Inc." sm that made you decide to call or choose us instead of someplace else? \_\_\_\_\_

29 How do you hope that we can be of help to you? (Be as general or specific as you wish) \_\_\_\_\_

30 Lastly, what are some examples of how your life or relationship will be different if your treatment is successful? \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS INFORMATION !**