

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 ?

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:
1st born _____ Age now _____ a full or step-sibling? Living where now? _____
2nd born _____ Age now _____ a full or step-sibling? Living where now? _____
3rd born _____ Age now _____ a full or step-sibling? Living where now? _____
4th born _____ Age now _____ a full or step-sibling? Living where now? _____
5th born _____ Age now _____ a full or step-sibling? Living where now? _____
6th born _____ Age now _____ a full or step-sibling? Living where now? _____
7th 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 !