

ADULT BACKGROUND INFORMATION

Your decision to seek counseling means you want to improve your life. Our goal is to work with you to solve problems and gain a new perspective on yourself and how you relate with other people.

The more you share with your therapist about yourself and your life experiences, the better able he/she will be to help you. The following questions are designed to gather important information that can be utilized in the therapy sessions.

We know that this form seems long and none of us enjoy paperwork. It will take you approximately an hour to complete these forms. We understand that some of the questions may be difficult to answer briefly and others may not apply. Feel free to write on the back of the form or add extra paper if necessary.

Your responses to the questions, like all aspects of psychotherapy, will be confidential. The time spent completing this form will allow you and your therapist to use the therapy sessions to focus directly on your concerns rather than spending time gathering important background information.

Thanks for your cooperation.

Leave blank any questions you are uncomfortable answering.

NAME: _____

SEX: _____ **BIRTHDATE:** _____

TODAY'S DATE: _____

Client Name _____

CURRENT CONCERNS:

What leads you to seek counseling at this time?

How long have these problems been troubling you?

What would you like to accomplish in therapy?

Have you ever been involved in counseling in the past? If yes, please state when, the type of counseling, and the name of your counselor. Was it helpful?

Client Name _____

BACKGROUND INFORMATION

Where did you grow up?

List the people who lived with you as you grew up (e.g. parent(s), brothers and sisters, grandparents, live-in help, etc.)

NAME:

RELATIONSHIP TO YOU:

Describe any significant problems you have had with any of the people you listed above.

NAME:

NATURE OF THE PROBLEM:

Client Name _____

Has anyone in your family had alcohol/drug problems, serious illness, or emotional problems?

NAME and/or RELATIONSHIP TO YOU:

TYPE OF PROBLEM:

How would you describe your father (positive and negative qualities) and your relationship with him?

How would you describe your mother (positive and negative qualities) and your relationship with her?

How would you describe your home life while growing up (positive and negative qualities)?

Client Name _____

Describe any childhood events that you consider to be important in becoming the person you are now.

Have you experienced any physical, emotional, or sexual abuse in the past? If so, describe.

How would you describe your relationships with others while growing up (friendships, teachers, etc.)?

MEDICAL INFORMATION:

Describe your current physical health.

Client Name _____

Are you being treated for any specific medical condition? If yes, please describe, and give your physician's name.

List any major illnesses in the past?

List all allergies--including allergies to medication.

List all medications you are currently taking (both prescribed and "over-the-counter"), including dosage, frequency, and prescribing physician.

Drug	Dosage	Frequency	Prescribing Doctor

CURRENT INFORMATION:

Are you married? If yes, what is the length of your current marriage?
How would describe this relationship?

Have you been divorced? widowed? Have you experienced a broken engagement
or marital separation?
If yes, please elaborate.

Do you have children? If yes, what are their names, ages, and where do they now live?
Describe your relationship with them.

How much education have you had? What kind of student were (are) you?

Have you ever been in the Armed Forces? If yes, please describe your experience in the service.

Client Name _____

What is your current occupation? How satisfied are you with your job?

Have you ever changed careers, been fired, or lost a job? Have you ever experienced significant job stress or job-related problems?

How important are friends to you currently? Do you feel that you have any problems 1) relating with others; 2) forming friendships; or 3) keeping friends?

What are your leisure interests?

What do you consider to be your strengths and limitations?

Client Name _____

What is your religious background? What role does spirituality play in your life?

Do you smoke cigarettes? No Yes If so, how much?
How many years have you smoked?

How much alcohol do you drink during a typical week?

Have you ever experienced any problems due to drinking or the use of other mood-altering substances?

Are any people in your life concerned with your drinking or chemical usage? If yes, please describe.

Client Name _____

Have you ever had any legal problems? If so, describe.

Is there any other information about yourself that is not asked in this questionnaire which you would like your therapist to know about you?