

BIOGRAPHICAL INFORMATION FORM

Today's Date: _____

Name _____
(last) (first) (middle)

Instructions: To assist us in helping you, please fill out this form as completely as you can so as to save time in our first session. The information is confidential and no one has access to it without your written permission.

Date of birth: _____ Age: _____ Sex: M____ F____

Address: _____

Home Phone: _____ Business Phone _____ Cell Phone: _____

What occupation(s) have you mainly been trained for? _____

Present occupation: _____ Place of Work: _____

Spouse's occupation: _____ Place of Work: _____

Insurance Co.: _____ Policy Number: _____ Group Number: _____

How were you referred? (circle:) Friend Relative Physician Attorney Other: _____
Marriage and Family Yellow Pages Counselor Yellow Pages Psychology Yellow Pages

Present marital status (circle): (1)Never married (2)Married now for first time (3)Married now for second (or more) time
(4)Separated (5)Divorced and not remarried (6)Widowed and not remarried

Number of years married to present spouse: _____ Ages of male children: _____ Ages of female children: _____

Years of formal education completed (circle number of years):
(High School)
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 more than 20

Mother's age: _____ If deceased, how old were you when she died? _____

Father's age: _____ If deceased, how old were you when he died? _____

If your mother and father separated, how old were you at the time? _____

If your mother and father divorced, how old were you at the time? _____

Mother's occupation (or former occupation): _____ Father's occupation (or former occupation): _____

Number of living brothers: _____ Ages of living brothers: _____

Number of living sisters: _____ Ages of living sisters: _____

I was child number _____ in a family of _____ children Were you adopted? (circle) Yes No

Mother's religion: _____ Father's religion: _____

How religious are you? (circle number on scale that best approximates your degree of religiosity):

Very average atheist
1 2 3 4 5 6 7 8 9

Briefly list (PRINT) your present main complaints, symptoms, and problems: _____

Briefly list any additional past complaints, symptoms, and problems: _____

Under what conditions are your problems worse? _____

Under what conditions are they improved? _____

List the things you like to do most, the kinds of things and persons that give you pleasure: _____

List your main assets and good points: _____

List your main bad points: _____

List your main social difficulties: _____

List your main love and sex difficulties: _____

List your main school or work difficulties: _____

List your main life goals: _____

List the things about yourself you would most like to change: _____

List your chief physical ailments, diseases, complaints, or handicaps: _____

Briefly describe the type of person your mother (or stepmother or person mother substitute) was when you were a child and how you got along with her: _____

Briefly describe the type of person your father (or stepfather or father substitute) was when you were a child and how you got along with him: _____

If there were unusually disturbing features in your relationship to any of your brothers, briefly describe: _____

If there were unusually disturbing features in your relationship to any of your sisters, briefly describe: _____

What kind of treatment have you previously had for emotional problems?

_____ Hours of individual therapy, spread over _____ years, ending _____ years ago.

_____Hours of group therapy. _____Months of psychiatric hospitalization.

Are you undergoing psychotherapy treatment anywhere else now?(circle): Yes No

List any medications you're taking:_____

Additional information that you think might be helpful to include:_____
