



**CHILDHOOD RELATIONSHIPS**

*Describe parents or step parents who raised you:*

Please don't write in this space

**Father's Name:** \_\_\_\_\_

Current Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Description of Father's Personality: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Use of Alcohol and/or Drugs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Methods of discipline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe relationship with him during childhood: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Current Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Description of Mother's Personality: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Use of Alcohol and/or Drugs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method's of discipline: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe relationship with her during childhood: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did parents or other family members ever receive treatment for depression or other emotional problems?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any other adults who were important to you and how they affected your childhood: \_\_\_\_\_

Please don't write in this space

Brothers and sisters (oldest to youngest, including yourself, as well as any deceased siblings):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ How did they relate to you when you were a child?

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

Where do your parents, brothers, and sisters currently reside?

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

### **CHILDHOOD LIVING ARRANGEMENTS**

Where were you born? \_\_\_\_\_

Where were you raised? \_\_\_\_\_

How many places did you live during childhood and what were the reasons for moving? \_\_\_\_\_

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

If at any time you did not live with your natural family, with whom did you live? \_\_\_\_\_

\_\_\_\_\_

### **SCHOOL**

What were grade school and high school like for you? \_\_\_\_\_

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

Last grade completed: \_\_\_\_\_ Average grades: \_\_\_\_\_

Describe any behavior or other problems in school: \_\_\_\_\_

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

Describe any learning problem or special ability that has affected:

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

**RELIGIOUS BELIEFS**

What were the religious beliefs you had during childhood?

Please don't write in this space

\_\_\_\_\_

\_\_\_\_\_

Describe your current beliefs/religious preference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does spirituality affect your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABUSE HISTORY**

Did you experience abuse as a child? \_\_\_\_\_ No \_\_\_\_\_ Yes

Type: \_\_\_\_\_ Physical \_\_\_\_\_ Sexual \_\_\_\_\_ Emotional

By Whom? \_\_\_\_\_

\_\_\_\_\_

Describe any current problems related to the abuse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you think you have a potential for abusing others?

\_\_\_\_ No \_\_\_\_ Yes

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELATIONSHIPS AND CHILDREN**

Present Partner's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Describe your partner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Partner's use of alcohol and/or other drugs: \_\_\_\_\_

Please don't write in this space

\_\_\_\_\_

Describe any problems in the relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous relationships throughout your life:

Partner's First Name:

When you met:

Separated and why:

\_\_\_\_\_

\_\_\_\_\_

**Children:**

(Please include children placed for adoption or deceased)

Name:

Age:

By Whom:

Description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sexuality:**

What were your impressions of sex during early life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is sexuality currently a problem for you? \_\_\_\_ No \_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOSSES**

Have you ever experienced any significant losses in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HISTORY OF PREVIOUS TREATMENT

Please don't write in this space

List any counseling or drug treatment you have had:

Where:                      By Whom:                      Problem:                      Dates:

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Do you now have suicidal thoughts, behavior, or plan?

\_\_\_\_\_ No    \_\_\_\_\_ Yes

Has anyone in your family committed suicide?

\_\_\_\_\_ No    \_\_\_\_\_ Yes

## MEDICAL HISTORY

List any medical problems in the past or present (including chronic or serious illnesses, accidents, surgeries, head injuries, seizures):

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List any current prescription medications: \_\_\_\_\_

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List any psychiatric medications in the past: \_\_\_\_\_

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Describe any use of alcohol or drugs, present or past: \_\_\_\_\_

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Describe any concerns over sleep or diet: \_\_\_\_\_

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Describe your current exercise routine: \_\_\_\_\_

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**LEGAL HISTORY**

Charges (include DUI)      Date      Convicted (Yes/No):

Please don't write in this space

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

Are you currently on probation or parole? \_\_\_\_ No \_\_\_\_ Yes

**WORK HISTORY**

What kinds of work have you done? \_\_\_\_\_

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

What do you consider your main line of work? \_\_\_\_\_

\_\_\_\_\_

What is the longest you have worked at a job? \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Describe any financial problems: \_\_\_\_\_

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

**SOCIAL ACTIVITIES**

Describe how you use your free time: \_\_\_\_\_

\_\_\_\_\_

Do you spend most of your time with: \_\_\_\_\_

\_\_\_\_ Family \_\_\_\_ Friends \_\_\_\_ Alone

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Therapist**

\_\_\_\_\_  
**Date**