



BIOPSYCHOSOCIAL HISTORY

Name _____ Age _____ DOB: _____ Today's Date _____

Other Family Members:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Full Address _____

Home Phone _____ Work _____ E-mail _____

Physical History(please be accurate, medical records may need to be disclosed at some point)

General Health _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? _____ Describe _____

Have you ever been hospitalized for a mental illness? _____ Describe _____

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

Do you smoke: _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

Any Previous Therapy/Counseling? _____ If yes, describe, when, where, how long, what for _____

What do you hope to achieve with therapy? _____

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/Avocations _____

Family Systems Information

Where born _____ How long there _____ Ethnic ID _____

Parents: Father alive? _____ Where residing _____ Relationship _____

Mother alive? _____ Where residing _____ Relationship _____

Your Marital Status _____ #of marriages _____ Spouse's name _____

If living with a partner _____ How long? _____ Partner's Name _____

Your children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Your siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

Family Alcoholism or Domestic Violence? _____ Sexual Addictions or Abuse? _____

Parents divorced? _____ If yes, what year _____ Your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail _____

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know.

Spiritual History

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life _____ Why/why not _____

Emotional Status

Are you currently experiencing strong emotions? _____ If yes, describe _____

Do you make decisions based on your emotions? _____ How well does that work for you? _____

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe _____

Have you been treated for emotional disturbances? _____ If yes, when? _____

Have you had any thoughts of suicide? _____ If so, when? _____ Do you have any thoughts now _____

Present Situation

Please state why you decided to come for counseling/therapy _____

What is the nature of your situation _____

What would you like to experience that is different from what you are experiencing now _____

How long has this been a problem for you _____

Please state what you would like to work on in therapy _____

