

LIFE HISTORY & BACKGROUND INFORMATION

NAME: _____ GENDER: _____

ETHNICITY: _____ SEXUAL ORIENTATION: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, WHAT IS YOUR JOB TITLE AND FOR WHOM DO YOU WORK?

MARITAL STATUS:

SINGLE: ___ MARRIED: ___ SEPARATED: ___ DIVORCED: ___ WIDOWED: ___

WHO RESIDES IN YOUR HOME? PLEASE INCLUDE NAMES AND AGES OF EACH PERSON:

PLEASE LIST ANY PRIOR MENTAL HEALTH DIAGNOSIS OR MAJOR MEDICAL CONDITIONS:

PLEASE LIST ANY PRIOR TREATMENT FOR THE ABOVE MENTAL HEALTH CONDITIONS INCLUDING APPROXIMATE START AND TERMINATION DATES:

PLEASE CIRCLE ANY/ALL OF THE FOLLOWING THAT ARE CURRENT OR RECENT CONCERN:

PANIC ATTACKS	HOPELESSNESS	SADNESS	ANXIETY/WORRY
RELATIONSHIP CONFLICTS	LOSS OF SLEEP	GRIEF/LOSS	SLEEPING TOO MUCH
LOSS OF APPETITE	OVER EATING	IRRITABILITY	DISTRACTIBILITY
GAMBLING TO EXCESS	LEGAL PROBLEMS	LONELINESS	MOOD SWINGS
MEMORY PROBLEMS	SEXUAL CONCERNS	RACING THOUGHTS	ANGER

HAVE YOU EXPERIENCED ANY MAJOR CHANGE(S) IN YOUR WORK LIFE, SOCIAL LIFE, ROMANTIC LIFE, FAMILY LIFE, OR HEALTH IN THE LAST YEAR? YES NO

IF SO, PLEASE EXPLAIN: _____

WHAT ARE YOUR HOBBIES AND/OR WHAT DO YOU DO FOR FUN?

DO YOU CURRENTLY USE ALCOHOL? YES NO

IF SO, HOW OFTEN DO YOU DRINK AND HOW MANY DRINKS DO YOU HAVE PER SITTING?

DO YOU CURRENTLY USE ANY RECREATIONAL DRUGS? YES NO

IF SO, WHICH DRUGS DO YOU USE, HOW OFTEN DO YOU USE THEM AND HOW MUCH DO YOU USE PER SITTING?

HAVE YOU EVER HAD THOUGHTS OF SERIOUSLY HARMING YOURSELF OR SOMEONE ELSE?

YES NO IF SO, PLEASE DESCRIBE: _____

HAVE YOU EVER ATTEMPTED TO SERIOUSLY HARM YOURSELF OR SOMEONE ELSE? YES NO

IF SO, PLEASE DESCRIBE: _____

HAVE YOU EVER BEEN ARRESTED AND/OR CHARGED WITH A CRIME? YES NO

IF SO, PLEASE DESCRIBE: _____

IS THERE ANYTHING ELSE THAT YOU BELIEVE IS IMPORTANT TO GETTING TO KNOW YOU THAT

HASN'T BEEN ASKED ABOUT? IF SO, PLEASE EXPLAIN: _____
