

BIOGRAPHICAL INFORMATION

Please fill out this biographical background sheet as completely as possible. It will help me in our work together. All information is confidential as stated in the Counseling Agreement Form. If you do not desire to answer a particular question, please indicate it on the form. Please bring this package, signed and filled out, to your next session.

Name: _____ **male/female** _____

Address: _____

Phone: h _____ w _____ c _____

DOB: _____ **Place of Birth:** _____

Person & phone# to call in emergency: _____

Occupation/Employer: _____

Relationship Status/Living Arrangement: _____

Significant Past Relationships: _____

Children (incl. Step- or grand-): _____

Referral Source: _____

Presenting Problem(s) (be as specific as possible: time it started; how it affects you or others around you; etc.): _____

Estimated Severity of

Problem 1: mild _____ moderate _____ severe _____

Problem 2: _____

Problem 3: _____

Medical Doctor(s) (name & phone#): _____

Past/Present Medical Care (major medical problems, surgeries, accidents, falls, illness): _____

Specify all MEDICATIONS you are presently taking and for what. PLEASE PRINT clearly: _____

Family History (give name/age or date of death, occupation, and a brief description of the nature of your relationship when you were a child and as an adult):

Mother: _____

Father: _____

Other Caregivers: _____

Siblings: _____

Family Medical History (Describe any illness that runs in the family: cancer, epilepsy, etc): _____

Drug/Alcohol/Other Addiction History:

Parents/Caregivers: _____

Self (If no personal history with drugs or alcohol, what is your current consumption):

Suicide Attempts or Self-Harming Behaviors (describe ages, reasons, circumstances, how, etc): _____

Friendships, Community, & Spirituality (describe the quality, frequency, type of activities, etc.): _____

Past/Present Psychotherapies (give time frames, name, degree, phone & address, initial reason for therapy, medication, brief description of the relationship and how helpful it was, and how/why it ended):
1. _____

2. _____

What gives you most joy or pleasure in your life: _____

What are your main worries and fears: _____

What are your most important hopes or dreams: _____

<p style="text-align: center;"><i>Gudrun Zomerland, MFT</i> 707-575-8468 415-446-5532 www.chinnstreetcounseling.com</p>
--