

Biographical Information – Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy Form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer."

Please print or write clearly and bring it with you to the first session.

Name: _____ Gender Identification: _____ Date: _____

Date of Birth: _____ Place of Birth: _____

Address: _____ City/State _____ Zip _____

Telephone Contact: Home # _____ Cell # _____

Work/Office # _____ Fax # _____

Routine Messages: Phone # _____

Confidential Messages: Phone # _____

Email: Email _____ @ _____

Person and Phone No. To Contact in Emergency: _____

Referral Source: _____

Employment/occupation (former, if retired/unemployed): _____

Why are you seeking therapy? (Please be as specific as possible, using back of page if needed) _____

Biographical Information – Intake Form Page 3

Parent 2: _____

Step-parents: _____

SIBLINGS - Names, ages and brief statement regarding your relationship with the person, including whether they are still living.

1. _____
2. _____
3. _____

MEDICAL DOCTOR (S): Name: _____ Phone _____

Name: _____ Phone _____

PAST/PRESENT MEDICAL CARE - Please list any major surgeries, accidents and/or illnesses _____

PLEASE SPECIFY IF YOU ARE TAKING ANY MEDICATIONS:

Medication	Purpose	Dosage	Frequency

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments): _____

Biographical Information – Intake Form Page 4

SUICIDAL IDEATION and/or ATTEMPTS - Please describe the timing and circumstances_____

FAMILY MEDICAL HISTORY (Describe any significant medical history for your family_____

FRIENDSHIPS AND COMMUNITY:_____

PAST/PRESENT PSYCHOTHERAPY (Specify name of therapist, plus dates of service and type of therapy):

Therapist	Dates	Type

DESCRIBE YOUR CHILDHOOD, IN GENERAL (Relationships with parents, siblings and others, school experience, number of home relocations, any school/behavioral/problems, experiences of abuse or trauma):

IF PARENTS DIVORCED: Your age at the time:_____ Describe how it affected you at the time_____

Biographical Information – Intake Form Page 5

ESTIMATE HOW MANY HOURS/DAY YOU SPEND ONLINE

Facebook _____ You Tube _____ Gaming _____ Texting _____ Browsing _____

Work/School _____ Other: _____

ARE YOU COMFORTABLE WITH YOUR ONLINE/INTERNET USE?

Please explain: _____

PLEASE DESCRIBE ANY FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS OR VIOLENCE: _____

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (If you answer yes, please explain): _____

WHAT GIVES YOU THE MOST JOY OR PLEASURE IN YOUR LIFE? _____

WHAT ARE YOUR MAIN WORRIES AND FEARS? _____

WHAT ARE YOUR MOST IMPORTANT HOPES OR DREAMS? _____
