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PERSONAL INFORMATION RECORD

This information is important. Please answer these questions as honestly and completely as possible. In keeping with professional ethics, this and all other written or verbal knowledge you share will be held in confidence.

Name _____ Age _____ Today's Date _____

Date of Birth _____ Social Security Number (for insurance only) _____

Address _____

Home Phone _____ Work Phone _____

Marital Status: Single _____ Married _____ Partnered _____ Separated _____ Widowed _____ Remarried _____

If married, for how long? _____ Divorced _____ Length of former marriage _____

Please list names and ages of children below:

_____	_____
_____	_____
_____	_____

Family History:

Was there much anger, conflict or tension in your home as a child? How was it handled? _____

Was love expressed in your family? If so, how? _____

What was physical contact like in your family? _____

Circle any of the following that described your experience during childhood/adolescence:

- | | |
|-------------------------------|--|
| happy childhood | school problems |
| unhappy childhood | family problems |
| emotional/behavioral problems | sexual problems |
| trouble with the law | drug abuse |
| medical/health problems | alcohol abuse |
| peer problems | alcohol or drug abuse by a family member |

Interpersonal Relationships: How would you describe your relationships with . . .

Your co-workers _____

Spouse/Significant Other _____

Family-of-Origin _____

Friends _____

Authority Figures _____

Members of the same sex _____

Members of the opposite sex _____

Circle all of the following which you might use to describe yourself:

- | | | |
|--------------------|-----------------|------------------------------|
| intelligent | confident | worthwhile |
| ambitious | sensitive | loyal |
| trustworthy | full of regrets | worthless |
| useless | evil | crazy |
| morally degenerate | considerate | deviant |
| unattractive | unlovable | inadequate |
| confused | ugly | stupid |
| naive | honest | incompetent |
| horrible thoughts | conflicted | concentration difficulties |
| memory problems | attractive | decision-making difficulties |
| suicidal thoughts | persevering | good sense of humor |
| hard working | lonely | aggressive |
| lovable | helpless | hopeless |

Medical:

Do you have any concerns about your physical health? If so, please specify: _____

Please list any medications which you have taken in the last six months (including prescription and

over-the-counter): _____

How would you describe your eating habits? _____

How would you describe your exercise habits? _____

Please circle any substances below which you use or have used.

aspirin	coffee	cigarettes
pain killers	marijuana	tranquilizers
sedatives	cocaine	alcohol
narcotics	stimulants	hallucinogens

Please circle any physical symptoms below which you have experienced on a regular basis.

high blood pressure	headaches	insomnia
nausea	vomiting	diarrhea
back problems	constipation	early morning awakening
allergies	asthma	premenstrual upset
menopausal distress	migraines	sexual dysfunction

Please circle any of the life events below which have occurred in the past year.

Death of a spouse	Foreclosure of mortgage or loan
Divorce	Change in responsibilities
Marital separation	Son or daughter leaving home
Jail term	Trouble with in-laws
Death of a close family member	Outstanding personal achievement
Personal injury or illness	Wife or husband began or stopped work
Marriage	Began or ended school
Terminated at work	Change in living conditions
Marital reconciliation	Revision of personal habits
Retirement	Trouble with boss
Change in health of family member	Change in work hours or conditions
Pregnancy	Change in residence
Sexual difficulties	Change in schools
Gain in new family member	Change in recreational activities
Business readjustment	Change in church activities
Change in financial status	Change in social activities
Death of a close friend	Mortgage or loan less than \$10,000
Change to a different line of work	Change in sleeping habits
Change in number of arguments with your spouse	Change in eating habits
Mortgage or loan over \$10,000	Vacation
	Minor violations of the law

What brings you here to see me today? Please describe the areas/issues you wish to address and what you hope to accomplish from your time in counseling. _____
