



**FINDING
PEACE**

COUNSELING SERVICES

4300 Bayou Blvd. Ste. 31B
Pensacola, FL 32503
(850) 471-1234
FAX (850) 478-1234

**BIOGRAPHICAL INFORMATION-INTAKE FORM
ADULT**

Please fill out this biographical background form as completely as possible. It will help us 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." Bring completed form with you to the first session. Please print.

NAME: _____ MALE/FEMALE: ____ DATE: _____

DATE OF BIRTH/PLACE: _____ AGE: _____

ADDRESS: _____

TELEPHONE: H: _____ Cell: _____ W/Off: _____ FAX: _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____ E-mail: _____

PERSON & PHONE # TO CALL IN EMERGENCY _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

REFERRAL SOURCE: _____

OCCUPATION (former. if retired): _____

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you...):

Estimate the severity of above problem:

Mild Moderate Severe Very severe

What have you done to address the problem so far?

CURRENT: Marital status: __ **Live with someone:** __ **Name:** _____ **Years:** _____

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

PRESENT SPOUSE/PARTNER: Education: _____ **Occupation:** _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

1. _____
2. _____
3. _____
4. _____
5. _____

PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

Father: _____

Mother:

StepParents:

SIBLINGS (name/age, if deceased: age and cause of death & brief statement about the relationship):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

MEDICAL DOCTOR/S (name /phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness,allergies):

SLEEP/APPETITE DISTURBANCES (recent changes in weight, eating or sleep patterns)

SPECIFY MEDICATION AND DOSAGES you are presently taking and for what. Please **PRINT**:

SUBSTANCE ABUSE HISTORY

Smoker Yes No If yes, How much

Drugs Used (alcohol, illegal, OTC)	Frequency/Quantity & Route of Administration	Last use

SUBSTANCE ABUSE TREATMENT (List past and present treatments, AA, NA)

SUICIDE ATTEMPT/S or AGGRESSIVE BEHAVIOR (describe: ages, reasons, circumstances, how, etc)

SIGNIFICANT LIFE EVENTS (history of trauma such as physical, sexual abuse, neglect, natural disasters, accidents, death of someone close, family illness, etc)

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc):

FRIENDSHIPS, COMMUNITY, RECREATION & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

- 1. _____
- 2. _____

USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

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

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

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?

Please add on the other side of the page or on a separate page any other information you would like me to know about you and your situation.