



EMOTIONAL HEALING COUNSELING SERVICES, PLLC

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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 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: _____ MALE/FEMALE: _____ AGE: _____

ADDRESS: _____

PHONE: _____ E-mail: _____

DATE OF BIRTH/PLACE: _____

RELATIONSHIP STATUS (circle one): Married Single Divorced In a relationship

CHILDREN (ages, gender): _____

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

NAME & PHONE TO CALL IN CASE OF EMERGENCY: _____

REFERRED BY: _____

OCCUPATION (former. if retired): _____

PRESENTING PROBLEM THAT BROUGHT YOU TO COUNSELING (be as specific as you can: when did it start, how does it affect you?):

Estimate the severity of above problem (circle): Mild-Moderate-Severe-Very Severe

MEDICAL DOCTOR/S (name /phone):

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

SPECIFY MEDICATION you are presently taking and for what.:

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

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe ages, reasons, circumstances, how, etc.)

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

SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT Mental Health Treatment: (specify month year/s (beginning—end)

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 YOU HOPING TO GAIN FROM COUNSELING?
