

## History and Questionnaire

Please complete this form as accurately and as fully as possible.

### Client Information

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation/School: \_\_\_\_\_ Grade: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell#: (\_\_\_\_\_) \_\_\_\_\_ Work#: (\_\_\_\_\_) \_\_\_\_\_

### Responsible Party (if not client)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Who referred you to our practice? \_\_\_\_\_

Why have you come to us at this time? \_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish from your time here? \_\_\_\_\_

\_\_\_\_\_

Have you attempted to solve these problems before? If so, when and how? \_\_\_\_\_

\_\_\_\_\_

What about past attempts at solving the problem(s) was not helpful? \_\_\_\_\_

\_\_\_\_\_

### Family Constellation

Who lives at home with the client? (please include extended family and pets)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Who else in the client's family is important to him/her? \_\_\_\_\_

Are there any conflictual relationships in the home? If so, please describe: \_\_\_\_\_

Please describe the marriage of the client's parents: \_\_\_\_\_

Please describe any important family events (e.g., divorces, remarriages, deaths, traumas, losses, significant moves, etc.): \_\_\_\_\_

### **Natural Mother's History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_ Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Any history of learning/attention problems? \_\_\_\_\_

Any medical problems? \_\_\_\_\_ Any evaluation or treatment for emotional problems? \_\_\_\_\_

Please describe briefly mother's family of origin, including significant conflict, history of emotional/learning problems: \_\_\_\_\_

### **Natural Father's History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_ Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

• Any history of learning/attention problems? \_\_\_\_\_

Any medical problems? \_\_\_\_\_ Any evaluation or treatment for emotional problems? \_\_\_\_\_

Please describe briefly father's family of origin, including significant conflict, history of emotional/learning problems: \_\_\_\_\_

### **Step-Parent or other parental figure History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_ Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Any history of learning/attention problems? \_\_\_\_\_

Any medical problems? \_\_\_\_\_ Any evaluation or treatment for emotional problems? \_\_\_\_\_

Please describe briefly person's family of origin, including significant conflict, history of emotional/learning problems: \_\_\_\_\_

**Medical History:**

Please explain in detail current and past medical problems/concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications (with dosage, reason): \_\_\_\_\_  
\_\_\_\_\_

Any side effects? \_\_\_\_\_

Are you happy with the current medication regimen? \_\_\_\_\_

How is the client's current diet? \_\_\_\_\_

Does the client exercise regularly? (If no, are there any limitations?) \_\_\_\_\_

How does the client sleep? (How many hours, is it interrupted, is there snoring, etc.) \_\_\_\_\_

Who is the client's Primary Care Physician? \_\_\_\_\_

**Etc.**

What are the client's personal strengths? \_\_\_\_\_  
\_\_\_\_\_

What are the major stressors in the client's life? Currently: \_\_\_\_\_

In the past: \_\_\_\_\_

What resources does the client have in aiding him/her in getting better? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about the client or his/her history or present situation that might help us better evaluate and help the client? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for your attention to this history/questionnaire. If you recall anything important after you complete it, please feel free to contact the clinician.