

Ron Gray, LMFT # 88197

## BIOGRAPHICAL INFORMATION - INTAKE FORM

Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential. 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: \_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH/PLACE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: H: \_\_\_\_\_ W: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PERSON AND PHONE # TO CALL IN EMERGENCY: \_\_\_\_\_

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 the above problem: Mild \_\_, Moderate \_\_, Severe \_\_, Very severe \_\_

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. \_\_\_\_\_

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4. \_\_\_\_\_  
5. \_\_\_\_\_

PARENTS and/or 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: \_\_\_\_\_  
\_\_\_\_\_

Step-parents \_\_\_\_\_  
\_\_\_\_\_

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

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

MEDICAL DOCTOR/S (name /phone): \_\_\_\_\_

May **Ron Gray** fax, call and coordinate your care with your Dr.?

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify all MEDICATION you are presently taking and for what. PRINT clearly:

\_\_\_\_\_  
\_\_\_\_\_

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):

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

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DO YOU EXERCISE REGULARLY? (Please describe) \_\_\_\_\_

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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. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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):

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IF

PARENTS DIVORCED: Your age at the time: \_\_\_\_\_, Describe how it affected you at the time:

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

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What gives you most joy or pleasure in your life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your main worries and fears: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your most important hopes or dreams: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_