JENNA FLOWERS, PSY.D., MFT #44174

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DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REFERRED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MALE \_\_\_\_\_ FEMALE\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_

HOME PH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

MAY I CALL AT HOME? Y\_\_ N\_\_ AT WORK? Y\_\_\_ N\_\_\_ HIGHEST GRADE COMPLETED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE\_\_\_\_\_\_ BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETHNICITY: CAUCASIAN\_\_\_AFRICAN AM.\_\_\_\_\_HISPANIC\_\_\_ ASIAN\_\_\_\_ OTHER\_\_\_\_

JOB/CAREER SATISFACTION: (LOW) 1-------------5------------10(HIGH)

WORK ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIPCODE\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS OCCUPATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE PROVIDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GROUP#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_INS. ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NOTE: IT* *IS IMPORTANT FOR THE CLIENT AND THERAPIST TO DETERMINE TOGETHER WHAT PART SPIRITUAL/RELIGIOUS ISSUES WILL OR WILL NOT TAKE INTO THERAPY.*

WOULD YOU LIKE SPIRITUALITY/RELIGIOUS ISSUES TO BE A PART OF YOUR THERAPY? Y\_\_\_N\_\_\_ ?\_\_\_

CHURCH AFFILIATION (IF ANY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN YOUR OWN WORDS, PLEASE STATE THE NATURE OF YOUR PROBLEM:

HOW WOULD YOU RATE HOW SERIOUS THIS PROBLEM FEELS TO YOU? (CIRCLE ONE)

(MILDLY UPSETTING) 1 2 3 4 5(EXTREMELY SERIOUS)

WHAT GOALS WOULD YOU LIKE TO ACCOMPLISH THROUGH COUNSELING?

MARITAL STATUS- CURRENT : SINGLE\_\_\_MARRIED\_\_\_DIVORCED\_\_\_SEPARATED\_\_\_WIDOW\_\_\_ PARTNER\_\_\_

IF MARRIED: AGE OF SPOUSE:\_\_\_\_ DATE OF MARRIAGE:\_\_\_\_\_\_

IF DIVORCED: DATE OF MARRIAGE TO EX-SPOUSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF DIVORCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF DIVORCED MORE THAN ONCE: DATE OF PREVIOUS MARRIAGES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF SEPARATED: DATE OF SEPARATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF INVOLVED WITH A SIGNIFICANT OTHER: HIS/HER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OCCUPATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG HAVE YOU BEEN IN THIS RELATIONSHIP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOULD YOU DESCRIBE YOUR INTIMATE RELATIONS AS SATISFACTORY/UNSATISFACTORY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILDREN: NAMES AND AGES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOUR CHILDREN LIVING WITH YOU?\_\_\_\_\_\_\_\_ OTHER CHILDREN LIVING WITH YOU AND YOUR RELATIONSHIP TO THEM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER ADULTS LIVING YOU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY HISTORY**

PARENTS: FATHER: AGE\_\_\_\_\_\_\_ OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER: AGE\_\_\_\_\_\_\_ OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID YOU GROW UP WITH BOTH PARENTS IN THE HOME? Y\_\_ N\_\_\_

IF YOUR PARENTS DIVORCED, WHAT AGE WERE YOU?\_\_\_\_\_\_\_\_\_ CUSTODY ARRANGEMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STEP FATHER: AGE:\_\_\_\_\_\_\_\_ STEPMOTHER: AGE\_\_\_\_\_\_\_\_\_

DO YOU FEEL CLOSEST TO YOUR FATHER? \_\_\_ MOTHER?\_\_\_ STEPMOTHER?\_\_\_\_ STEPFATHER?\_\_\_ NONE\_\_\_ OTHER\_\_\_\_\_\_\_\_\_

BREIFLY DESCRIBE YOUR RELATIONSHIP WITH YOUR FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIBE YOUR RELATIONSHIP WITH YOUR MOTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SIBLINGS: BROTHERS’ NAMES and AGES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SISTERS’ NAMES AND AGES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: PLEASE EXPLAIN IF ANY MEMBER OF YOUR FAMILY HAS EVER SUFFERED FROM ANYTHING WHICH COULD DESCRIBE AS AN EMOTIONAL OR PSYCHOLOGICAL PROBLEM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE MENTION ANY HISTORY OF DOMESTIC VIOLENCE, CHILD ABUSE OR SEXUAL ABUSE IN YOUR FAMILY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMMENT ON ANY HISTORY OF ALCOHOL OR DRUG ABUSE IN YOUR FAMILY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION:**

CURRENT WT\_\_\_\_\_\_\_\_ ONE YEAR AGO\_\_\_\_\_\_\_ MAXIMUM\_\_\_\_\_\_\_\_\_\_\_WHEN\_\_\_\_\_\_

DO YOU EXERCISE REGULARLY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOW?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU SLEEP WELL? Y\_\_\_N\_\_\_\_ AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HRS. EASY TO GET TO SLEEP? Y\_\_\_N\_\_\_\_

WHAT RECREATION DO YOU ENJOY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY PHYSICIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF LAST PHYSICAL?\_\_\_\_\_\_\_\_\_

THE HARDEST TIME IN YOUR DEVELOPMENT WAS:

PRESCHOOL:\_\_ \_\_GRADE SCHOOL\_\_\_\_\_JR. HIGH\_\_ \_\_HIGH SCHOOL\_\_\_ \_COLLEGE\_\_\_ \_NOW\_\_\_\_

WHY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CURRENT MEDICATIONS:** | |
| **Allergies** (include date noted if known): |  |
|  |
| **Females:** NormalAbnormal  PMS:NoYes Cramping:NoneMildModerateSevere  Do you experience moodiness/depression during your cycle? No Yes | |
| **Tobacco Use Status:** Current Former Never Does anyone in the household use tobacco? Yes No Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cigarette packs/day:\_\_\_\_\_\_ #Years:\_\_\_\_\_\_\_ Quit Date:\_\_\_\_\_\_\_\_ Other types: Pipe Snuff Cigar Chew | |
| **Alcohol:** No Yes oz/week: Comment: | |
| **Drug Use:** No Yes times per week:\_\_\_\_\_ IV use Comment: | |
| **Sexual Health:** Partners:Male Female  Sexually Active: Not Currently Yes No  Miscarriages: | Date and Diagnosis of any sexually transmitted disease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Caffeine Concern: No Yes  Occupational Exposure: No Yes  Hobby Hazards: ............No Yes  Sleep Concern: .............No Yes  Stress Concern: ............No Yes  Weight Concern: ...........No Yes  Follow Special Diet:... ...No Yes  Practices Back Care: ....No Yes | |