

PERSONAL DATA FORM

(949)863-9031

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? _____

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:	Date and Diagnosis of any sexually transmitted disease:
Partners: Male	_____
Female	_____
Sexually Active: Not	
Currently Yes No	
Miscarriages:	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