

Confidential Personal History Form (Updated 08/2017)

Name:

Email:

Phone Number:

Date of Birth/Age:

1. How did you find out about MindOasis Counseling?
2. What are you currently struggling with emotionally/situationally? Please describe it in detail why you made the appointment.
3. I would know that counseling was helping me reach my goals because the following things would be different in my life:
4. What do you need from your ideal counselor? (Listen, guidance, validation, trust, tools, etc.)
5. Have you been to counseling? If so, who did you see and where. What did you find helpful and unhelpful?



10. Maternal and Paternal Family History of Mental Health (Anxiety, Depression, Alcoholism, etc.):

11. Describe your spiritual or faith belief journey (Christian, Catholic, Agnostic, Believe in God, Connection with Nature, etc.). Any concerns or perceived conflicts with the therapeutic process?

12. What is your highest level of education and what is the degree in?

13. Where are you employed at and what is the title?

14. Does this job bring you satisfaction?

15. What are your areas of emotional strength (patient, kind, funny, optimistic, good listener etc.)?

16. What are your areas of emotional difficulties (withhold feelings, quick to anger, worried about death, not truthful, poor listener etc.)?

17. Describe if you have chronic pain or chronic illnesses:

18. What addictions or problems do you struggle with? (Drugs, Alcohol, Sex, Shopping, Food, Video Games, etc.) Have you received treatment in the past? How does it affect your life and relationships with others?

19. Do you have a parent or spouse who struggles with addiction, if yes please describe.

20. Describe your daily sleeping pattern (hours daily, nightly, naps)?

21. How many caffeinated drinks do you consume daily?

22. How often do you exercise? What is the form of exercise you do?

23. Do you smoke, drink, use drugs? If yes, please describe what and how much:

24. List of Medications, please include the reason for each medication:

25. Are you involved in any court case, legal issues, or DCFS? If yes, describe. How do you hope that counseling will help you in this situation?