



## Confidential Personal History Form 2019

Name:

Email:

Phone Number:

Date of Birth/Age:

1. How did you find out about MindOasis Counseling?
2. What situation, or experience would you like treatment for?
3. List the symptoms you would like to reduce or eliminate:
4. I would know that counseling was helping me reach my goals because the following things would be different in my life:







10. What was your childhood like growing up? Who did you live with? If you had siblings, please describe names and ages. Was there alcoholism or drug use? What family secrets did you have to keep?
  
11. Maternal and Paternal Family History of Mental Health (Anxiety, Depression, Alcoholism, etc.):
  
12. 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?
  
13. What is your highest level of education and what is the degree in?
  
14. Where are you employed at and what is the title?
15. Does this job bring you satisfaction?
  
16. What are your areas of emotional strength (patient, kind, funny, optimistic, good listener etc.)?
  
17. What are your areas of emotional difficulties (withhold feelings, quick to anger, worried about death, not truthful, poor listener etc.)?
  
18. Describe if you have chronic pain or chronic illnesses:





19. 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?
20. Do you have a parent or spouse who struggles with addiction, if yes please describe.
21. Describe your daily sleeping pattern (hours daily, nightly, naps)?
22. How many caffeinated drinks do you consume daily?
23. How often do you exercise? What is the form of exercise you do?
24. Do you smoke, drink, use drugs? If yes, please describe what and how much:
25. List of Medications, please include the reason for each medication:
26. 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?





27. What therapies are you interested in?

- EMDR
- Heart-Centered Hypnotherapy
- Art Therapy
- Colorful Healing Group Paint Events
- CBT
- DBT
- Play Therapy
- Guided Imagery/Relaxation
- Therapeutic Yoga

What topics do you identify as problematic for you and you want to address in counseling?

- Sadness
- Pessimism
- Sense of failure
- Dissatisfaction
- Guilt
- Body Image
- Work Motivation
- Motivation in general
- Sleep Patterns
- Energy
- Anorexia
- Bulimia
- Compulsive Eating
- Weight Gain
- Weight Loss
- Body Pain
- Worrying about my health
- Sexual Identity
- Expectation of Punishment
- Suicide
- Self-Esteem
- Self-Accusations
- Crying More Than I would like to
- Anger
- Social Participations
- Decisions
- Alcohol or Drugs
- Video Games
- Sex
- Internet
- Sexual Abuse
- PTSD
- Post-Partum Depression/Anxiety
- Physical Abuse
- Emotional Abuse
- Parenting Problems
- Marriage Problems
- Grief and Loss
- Anxious
- Depressed
- Chronic Health Problems
- Headaches/Migraines
- Fibromyalgia
- Lyme Disease
- ADHD
- Resentment
- Self-Harm

Other: \_\_\_\_\_

