Conditt
Psychological Service

Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Office Policy form. 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.

CLIENT CONTACT INFORMATION
Client's Name: _____ **M / F (**Circle One) **Date:** ____/____/_____

Client's Date of Birth: _____/_____/_____

Address:_____**City:**_____**Zip:**_____

PHONE: (circle where a message can be left)
Home: _____ **Cell:** _____
Email: _____ Work/Personal (Circle One)

We provide confirmation of all appointments 24 hours in advance.
The No-Show or late cancel charge is the full charge for the session.

EMERGENCY CONTACT PERSON
Name_____ **Phone** _____
Relationship to Client_____

Highest Level of Education Completed _____
Place of Employment/Occupation _____

How did you hear about us? _____
**Clearly print referral doctor's name, if applicable.

PRESENTING PROBLEM/WHY YOU CAME IN FOR SERVICES
What symptoms are you having?

_____

_____

When did they start?

_____

What areas of life do they affect (school, family, community)?

_____

_____

How would you estimate the severity of the above problem?

Mild _____ Moderate _____ Severe _____ Very severe _____

What would you like to accomplish in therapy? _____

_____

MEDICAL DOCTOR

Physician's Name_____

Facility Location _____

Phone Number _____

**If you would like us to coordinate services with this doctor, please sign the release form.

**If you need information released to more than one professional, ask for another release form.

HISTORY OF MEDICAL CARE

Please list any major medical problems including but not limited to: surgeries/procedures, illnesses, accidents that may be relevant to the present need for therapy.

_____

_____

_____

Medication/Supplement	Dosage	Condition

FAMILY HISTORY

Describe any presence of the following from any members of your family

Suicide _____

Depression _____

Abuse _____

Alcoholism _____

Admittance to Mental Institution _____

Describe any suicide attempts or violent behavior on your part. Include your age, persons involved, and surrounding circumstances.

_____

_____

_____

Relationship History

Present Marriage/Relationship Duration of Relationship _____

Describe the relationship (circle one) friendly distant loving hostile abusive _____

Spouse's Date of Birth: _____

Previous Marriage/Relationship _____ Length of Relationship_____

Briefly state its reason for ending _____

Child/Step Child's Name	Age

Friendships, Community and Spirituality – Describe quality, frequency, activities, social life

_____

_____

_____

PREVIOUS THERAPY

If you have received psychotherapy in the past, specify the time from beginning to end of therapy and number of sessions, and initial reason(s) for need of therapy

Therapist Name	Dates	Reason	Helpful?