



**Personal History - Page 2**

**Client** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**STRENGTHS / SUPPORT SYSTEMS / COMMUNITY RESOURCES:** \_\_\_\_\_

**HEALTH MENTAL HEALTH DATA:** Check and describe the following, with dates, as they apply to you:

\_\_\_\_ Current / chronic medical conditions / infectious diseases \_\_\_\_\_  
 \_\_\_\_ Recent weight changes: Lost / gained \_\_\_\_\_ lbs. in \_\_\_\_\_ weeks/months? Intentional? Y N  
 \_\_\_\_ Serious illnesses / injuries / traumas \_\_\_\_\_  
 \_\_\_\_ Surgeries / hospitalizations (medical / psychiatric) \_\_\_\_\_  
 \_\_\_\_ Previous counseling / therapy? When and what conditions? \_\_\_\_\_

Medication	Dosage	Frequency	Start Date	Reason	Prescriber

**CONCERNS & GOALS:** What brings you to counseling / therapy? What do you hope to accomplish? \_\_\_\_\_

**Rate your current distress level for each symptom concern that applies to you, using the scale below.**

0 None	1 Very little	2 Mild	3 Moderate	4 Considerable	5 Severe	6 Maximum
____ Depression						____ Alcohol I other drug abuse (self)
____ Hopelessness						____ Alcohol / other drug abuse (who?) _____
____ Anxiety						____ Nicotine addiction - amt _____
____ Panic attacks						____ Caffeine addiction - amt _____
____ Withdrawn behavior						____ Eating disorders
____ Loss of increased appetite						____ Compulsive gambling
____ Mood swings						____ Pornography
____ Anger/rage						____ Sexual addiction
____ Fearfulness						____ Computer/ Internet addiction
____ Guilt						____ Other addictions (identify) _____
____ Suicidal thoughts						____ Communication problems
____ Suicidal actions						____ Sexual problems
____ Homicidal thoughts actions						____ Marital relationship conflicts
____ Obsessive thoughts _____						____ Domestic violence
____ Compulsive behaviors _____						____ Blended family problems
____ Paranoid thoughts / behaviors.						____ Conflict with parents
____ Hallucinations (audio /visual)						____ Conflict with siblings
____ Memory problems (short term long term)						____ Conflict with children
____ Concentration lack of focus						____ School / work conflicts
____ Perfectionism						____ Emotional abuse (past current)
____ Health concerns						____ Physical abuse (past current)
____ Hormonal / endocrine imbalances						____ Sexual abuse (past/ current)
____ Self esteem concerns						____ Legal problems
____ Grief losses (identify) _____						____ Financial problems
____ Loss of meaning in life						____ Job employment problems
____ Sleep problems (describe) _____						
____ Other (describe) _____						

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date of Signature