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Personal Data Form:

In order for me to understand your situation and provide effective care, I ask you to fill out this form honestly and completely. This information is confidential and will not be released without your written permission. Please complete both sides/pages. Thanks!

Name:_____Age:_____DOB:_____

Address:_____

Phone:(home)_____(Cell):_____(Work):_____

Email Address:_____
Employer:_____Occupation:_____How Long?_____

Current Annual Salary:(gross) _____Do you own or rent your home?_____

Please describe briefly the problem or situation which led you to seek counseling services at this time:_____
_____
_____

How long has this been a problem?_____
Have you had this type of problem before? No_____ Yes_____ If so, when?_____
Have there been any recent changes in your life that may have caused stress (moves, deaths, changes in job or relationships, changes in physical health etc…) If so please describe:
_____
_____

Are you taking any medications? No____ Yes____ If so, list them:
_____
_____

Have you ever had any medications prescribed for psychiatric or emotional difficulties? No____ Yes_____ If so, please list and dates:_____
_____

List any physical medical issues or conditions: _____

How much alcohol do you drink each week? (beer, liquor or wine)_____
Ever been treated for alcohol or drug abuse? No____ Yes_____ If so, date, length and type of treatment:_____

Have you ever used street drugs? No___ Yes___ If so, list type, length of use and current status of use:_____

Have you ever received psychotherapy or counseling services before? No____ Yes____ If so, when, how long and for what? _____

Ever had any thoughts of harming self? No_____Yes_____ When?_____

Ever had desires or harming someone else? No_____ Yes_____ When?_____

Do you have any biological relatives who had problems similar to yours, or had psychiatric or emotional difficulties? No_____ Yes_____ If so, list who, relationship and what kind of problem:_____

What are you hoping to gain from coming to counseling and what type of treatment do you think you need?_____

Please list below all persons living in your present household:

NAME	Relation to you	Age	Marital Status	Occupation
1._____	_____	____	_____	_____
2._____	_____	____	_____	_____
3._____	_____	____	_____	_____
4._____	_____	____	_____	_____
5._____	_____	____	_____	_____
6._____	_____	____	_____	_____

Please list all family members not living with you in your present household (include mother, father, brothers, sisters, separated/divorced spouse, children etc….

NAME	Relation to you	Age	Marital Status	Occupation
1._____	_____	____	_____	_____
2._____	_____	____	_____	_____
3._____	_____	____	_____	_____
4._____	_____	____	_____	_____
5._____	_____	____	_____	_____
6._____	_____	____	_____	_____

SIGNATURE: **DATE:**