

PERSONAL HISTORY

Are you: Single Married Separated Divorced Widowed

Number of marriages _____ Duration of each _____ Number of children _____ Gender and age of each _____

Number of times you and your partner separated during your current marriage _____

Do you have significant medical problems? Yes No

If yes, describe _____

Are you currently taking any medications? Yes No If yes, please list medications.

If yes, describe _____

How much alcohol or other recreational drugs, if any, do you consume per week?

Amount _____ Frequency _____

Last use _____ Duration _____

Past therapy experience Individual Marital Family Group

Other _____ Result _____

FAMILY HISTORY

Was your childhood home broken by the death of one or both of your parents? Yes No

Was your childhood home broken by divorce? Yes No

Were you raised by foster, adoptive, or stepparents? Yes No

Are your parents or parent-substitutes still living? _____

If living, their present age? Father _____ Mother _____

If deceased, date of death? Father _____ Mother _____

Please list brothers and sisters in birth order, including yourself:

Name	Age	Living?	Education	Occupation	Marital Status

Has a member of your family experienced any of the following

- Sexual abuse Physical abuse Verbal abuse Emotional abuse Serious physical illness
- Mental illness Alcohol/Drug abuse Eating disorder Suicide attempt Suicide

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- Sexual abuse Physical abuse Verbal abuse Emotional abuse Serious physical illness
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