Life History Questionnaire

Please list the names, ages, and relationship (spouse, child, friend, etc.) of everyone living with you.	*Name*	*Age*	*Relationship*	**Please list the names and ages of any children not living with you.**	*Name* / *Age*

Family History

Mother's Age _____ If deceased, how old were you when she died? _____

Father's Age _____ If deceased, how old were you when he died? _____

If your parents are separated or divorced, how old were you then? _____

Number of brother(s) _____ What are their ages? _____ _____ _____ _____

Number of sister(s) _____ What are their ages? _____ _____ _____ _____

Relationship Status

☐ Single ☐ Engaged

☐ Married ☐ Separated

☐ Divorced ☐ Widowed

For how long? _____

Number of previous marriages? _____

Please list and describe any chronic health conditions:		**Please list and describe any current health concerns:**	

Please list all medications you are currently taking

Medication	*Dosage*	*Rationale*	*Prescribing Physician (if not PCP)*

Primary Care Physician:

Please list any psychotropic (anti-depressants, anti-anxiety, etc.) medications you have taken in the past

Medication	*Reason for Discontinuation*

Life History Questionnaire

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Please describe the concerns that you would like to discuss with your counselor:

What would you like to get out of counseling?

Please use the following scale to answer the next three questions:

	1 Not at all	2 Mildly	3 Moderately	4 Highly
1. How serious do you consider your present concern(s)?	☐	☐	☐	☐
2. How motivated are you to resolve your concern(s)?	☐	☐	☐	☐
3. How optimistic are you that your concern(s) can be resolved?	☐	☐	☐	☐

Please read the following questions and mark those to which you would respond "yes."

- ☐ Have you ever had counseling before?
- ☐ Have you ever been hospitalized for mental health reasons?
- ☐ Is there a history of mental health problems in your family?
- ☐ Do you currently use alcohol?
- ☐ Do you currently use any illegal drugs?
- ☐ Do you currently abuse any non-prescription drugs?
- ☐ Have you ever had any kind of treatment for alcohol or drugs?
- ☐ Is there a history of alcohol or drug problems in your family?
- ☐ Do you have any involvement in the community?
- ☐ Did you ever experience any emotional abuse growing up?
- ☐ Did you ever witness any domestic violence growing up?
- ☐ Have you ever been physically abused?
- ☐ Have you ever been sexually abused or assaulted?
- ☐ Have you ever been in legal trouble?
- ☐ Do you have any current court involvement?
- ☐ Have you ever served in the military?
- ☐ Have you ever thought about or tried to hurt youserlf?
- ☐ Are you ever afraid you might physically hurt someone else?

Please read and mark any of the following statements that describe your personal religious beliefs.

- ☐ I practice a specific religion.
- ☐ I have a religious background but am not currently practicing.
- ☐ I have religious beliefs but do not practice any organized religion.
- ☐ My faith plays a significant role in my life.
- ☐ I would like my religious beliefs incorporated into my counseling
- ☐ I am atheist
- ☐ I am agnostic
- ☐ I am unsure about my religious beliefs
- ☐ I prefer not to answer this question
- ☐ I do not want faith or religion incorporated into my counseling

Please share anything else you feel might be helpful for your counselor to know about you: