

## PERSONAL HISTORY

NAME: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender / Pronouns: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

Where did you grow up?

---

---

---

---

Father's/Care Giver's name and date of birth: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's/Care giver's name and date of birth: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Re: parents' Still living? If not, died when? Remained married or divorced? If divorced when? \_\_\_\_\_

---

Siblings' names and years older/younger than you

---

---

Any others living with you when you were growing up?

---

---

Spouse's or person currently living with you

---

Spouse's or partner's occupation and date of birth:

---

How long have you been together?

---

What schools did you attend and dates of attendance:

---

---

Have you had any previous psychotherapy? If so, when and with whom?

---

---

Have you been under psychiatric care? If so, when and with whom? For what?

---

---

---

Do you currently take psychiatric medications? If so, names and dosage / frequency?

---

---

Any family member(s) with psychological or substance abuse problems? In treatment?

---

---

---

Have you ever been the target of physical or sexual abuse? If so when and what kind?

---

---

Have you ever experienced or witnessed any traumatic event? What and when?

---

---

Do you have any significant medical condition(s)? If yes, what?

---

---

What non-psychiatric medications do you take on a regular basis – names and dosage – and for what?

---

---

Do you smoke tobacco? If so how much?\_\_\_\_\_

How much and how often do you drink alcohol?

---

---

What other drugs do you currently use, or have used in the past?

---

---

Any history of self-harming behaviors or suicidal attempts? If so when and nature of the event(s)

---

---

Signature and Date of completion:

---