

Case #: _____

DX: _____

Biographical Information Form – Adult

To assist us in providing services to you, please complete this form as fully and openly as possible. All private information is held in the strictest confidence within legal limits. **If certain questions do not apply, leave them blank.** Some of the information is required by our accrediting and licensing agencies. **If you need help completing this form, please do not hesitate to ask.** Thank you for your cooperation.

Today's Date: _____ Birth Date: _____ Social Security #: _____

Name: _____ Age: _____ Gender: M F Race/Ethnicity: _____

Mailing Address: _____

Physical Address: (if different) _____

County: _____ City: _____ State: _____ Zip: _____

Do you live in a House Apartment Mobile Home Other _____

We may need to call you to remind you of an appointment or to change an appointment.

May we leave a message? Yes No (Please circle)

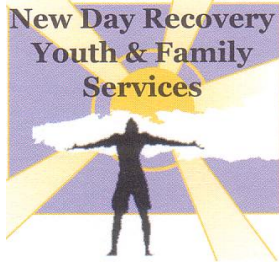
What is the best number to leave a message and contact you? _____

Annual Household Income: _____

Who currently lives in your household?

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Gender</u>

What is/are the main reason for this visit? _____



OCCUPATIONAL

Current means of financial support (check all that apply):

Self Family Parents Spouse Children Retirement benefits Welfare Disability

Employment Status: employed full-time part-time unemployed disabled retired student

Current employer: _____ Phone: _____

Your current position: _____ Date Began: _____

YOUR CHILDREN

<u>Name</u>	<u>Male/Female</u>	<u>Age</u>

Who has custody of your children? _____

Are there custody issues or problems? Yes No If yes, please explain. _____

ABUSE HISTORY

Have you been a victim of any of the following types of abuse? If yes, please indicate by whom, the duration, and your age at the time of the abuse.

		<u>By Whom?</u>	<u>Duration</u>	<u>Your Age</u>
Physical Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Emotional Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Neglect/Abandonment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Have you ever abused anyone? Yes No

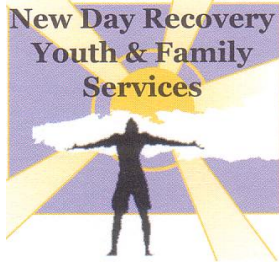
If yes, please describe. _____

Have you ever been a victim of ANY other crime? Yes No

If yes, please describe. _____

Is there a family history of:

- Substance abuse Yes No Describe _____
- Suicide Yes No Describe _____
- Violence Yes No Describe _____



Psychiatric Problems Yes No Describe _____

Criminal Activity Yes No Describe _____

SUBSTANCE USE/HABITUAL BEHAVIOR

Do you use nicotine? Yes No Type: Cigarettes Cigars Smokeless

How long have you used nicotine? _____ How much per day? _____

Do you use alcohol? Yes No If yes, how frequent? _____

How much each time? _____

Type of use: Social Recreational Abusive Problematic Addicted

If you do not currently use alcohol have you in the past? Yes No If yes, how frequent? _____

How much each time? _____

Type of use: Social Recreational Abusive Problematic Addicted

Do you currently or have you in the past used street drugs or abused prescription drugs? Yes No

Details: _____

Do you have any other addictive or compulsive behaviors (eating, gambling, etc.)? _____

MEDICAL HISTORY

Primary care physician: _____

Address: _____

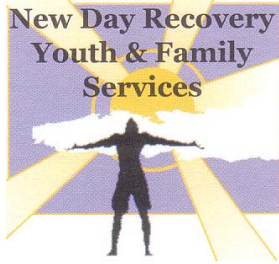
Are you under the care of a psychiatrist: Yes No If so, whom: _____

Other important healthcare providers: _____

Please list any medical conditions? _____

HOSPITALIZATIONS (PHYSICAL OR MENTAL HEALTH)

<u>Hospital</u>	<u>Dates</u>	<u>Reason</u>



OUTPATIENT MENTAL HEALTH TREATMENT

<u>Facility/Therapist</u>	<u>Dates</u>	<u>Reason</u>

Allergies: _____

MEDICATIONS

<u>Medication</u>	<u>Dose</u>	<u>Reason</u>	<u>Prescribing Physician</u>

RELIGIOUS/SPIRITUAL CONCERNS

What is your religious preference? _____

How important is spirituality/religion in your life?

Not at all				Somewhat					Extremely
1	2	3	4	5	6	7	8	9	10

Do you have any concerns related to spirituality or religion? _____

Is there anything else you would like the counselor to know that has not already been covered?