# Personal History Questionnaire / Intake Form

### IDENTIFYING INFORMATION

**First Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you self-referred or how did you end up deciding to get help at this time?

### PRESENTING PROBLEM:

Describe the concerns or difficulties that led to your seeking treatment (or this evaluation):

### HISTORY OF PRESENTING PROBLEM:

Describe when your problem(s) began and any information about the pattern of your difficulties (Symptoms, onset, duration of symptoms, frequency, etc.).

### PAST PSYCHIATRIC HISTORY:

* Other than your current difficulties, have you ever dealt with emotional or mental health problems in the past?
* Describe how you have attempted to solve or cope with your problem(s). What has worked in the past?
* Have you ever received mental health care in the past? YES NO
  + If YES, select the forms of treatment: \_\_ Outpatient Counseling

\_\_ Residential Treatment

\_\_ Inpatient Treatment

\_\_ Psychiatric Medicaitons

* What has been effective for you in past treatments? [e.g., past effective medications, types of therapy]
  + What has NOT been effective [or medication side-effects]?
* Have you ever attempted suicide or self-injurious behavior in the past? YES NO
  + If YES, describe circumstances of past attempts? (e.g., what was going on - thoughts, feelings, situation - before the attempt and your reaction afterward? What did you do?)

### TRAUMA HISTORY:

* Have you ever experienced a traumatic event? YES NO
  + If yes, please describe and describe the current impact of this experience (symptoms, growth, change).
* Did you experience any of the following in your lifetime?

\_\_ Physical Abuse \_\_ Sexual Abuse \_\_ Emotional Abuse

\_\_ Witnessed Severe Injury or Accident involving others

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### FAMILY PSYCHIATRIC AND SUBSTANCE USE HISTORY:

* Does any member of your family suffer from . . . (if yes, indicate relationships)
  + Alcoholism
  + Drug Abuse
  + Anxiety
  + Depression
  + Suicide (attempted or committed)
  + anything else that might be considered a “mental disorder”

### MEDICAL CONDITIONS & HISTORY:

* Briefly describe any significant medical issues (current & past).
* Indicate if you tend to be tired, drowsy, anxious or agitated on these medications (or other mental health problems you attribute to your medications or medical conditions).
* Do you experience chronic or consistent pain? Y / N If yes, average rating on pain scale (0-10): \_\_\_\_
* Briefly describe your view of your overall health (current).

### CURRENT MEDICATIONS:

Please list any current medications, including dosage, purpose and name of prescribing physician.

### SUBSTANCE USE

* Briefly describe your use of alcohol or other substances:
* In the past have you had problems with the use of alcohol or other substances? YES NO
  + If YES, describe (what were the difficulties, what substances used)

### FAMILY HISTORY

***Childhood – Adolescence History*:**

* Where did you grow up?
* Who raised you and between what years?
* Give an impression of your home atmosphere (for example, strict, lenient, calm, tense, chaotic, abusive)
* Do you have siblings (if yes, first names and estimated ages).
* What were and are currently your relationships like with the above family members?

CHECK any of the following that applied during your childhood / adolescence.

|  |  |  |
| --- | --- | --- |
| □ Happy Childhood | □School Problems | □Medical Problems |
| □Unhappy Childhood | □Family Problems | □Behavior Problems |

* Indicate any significant events or experiences in childhood (prior to age 18):

### SOCIAL HISTORY

* Relationship Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long together? \_\_\_\_\_\_

If in a relationship, please provide his/her *First Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If in a relationship, what are some of the things you have enjoyed doing together?

* If you have children, please give their first names, ages, and what your relationship is like with him/her:
* Indicate any losses which you have experienced over the past few years (e.g., loved ones, work, pets, etc.):

***Peer group:***

* Describe what you consider to be your peer group/friends growing up during childhood (pre-middle school)?
* In a few words, describe what you consider to be your current peer group/friends (middle-school forward)?
* Activities enjoyed with friends and acquaintances:
* What do you like most and least about current relationships (or desire more or less from)?

### DEVELOPMENTAL HISTORY:

To your knowledge, did you meet developmental milestones on time (walking, talking, etc…)?

[or has your mother or father told you that you had any medical or social problems before gradeschool?]

### EDUCATIONAL / OCCUPATIONAL HISTORY:

*Education*: What was the last grade you completed (degree)? \_\_\_\_\_\_\_\_\_\_\_\_

* How was school for you?
* Did you receive any education assistance during your school years? If yes, briefly describe:

*Employment History (if applicable):*

* Are you now or in the past serve in the military? If yes, briefly describe your service (occupation, activities, and if related to reason for mental health, please described):
* Briefly describe your work history / profession [focus recent history]:
* What have you found enjoyable about your work? What do you find unenjoyable?
* If your problems have interfered with work, describe impact on work or work relationships.

### LEGAL HISTORY: Describe your legal history and/or any significant interactions with law enforcement.

### STRENGTHS & LIMITATIONS:

**PERSONAL STRENGTHS:** What are some of the talents or skills that you feel proud of? Try to identify 3.

**Limitations or Weaknesses**: What would you identify?

### OTHER INFORMATION:

**Leisure & Recreation:**

* How is your free time spent? [hobbies, interests, etc…]. How often do you do these activities?
* What hobbies or activities did you used to enjoy that you wish you were doing again?

Include any additional information you believe would be helpful in understanding your difficulties in space below or attach additional page(s). Usually, additional information is not needed or will be obtained in interview.