# 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?
* In a few words, describe what you consider to be your current peer group/friends?
* 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:*

* 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?

***Values and Beliefs:***

What matters to you in your life? What is important or your priorities? (e.g., family, work, spirituality, values, pets, friends, health, personal growth, activities, nature, hobbies)

What brings you a sense of joy and happiness? (e.g., If nothing now, what have you enjoyed in the past or would like to enjoy in the future? What have you enjoyed in the past that you would like to enjoy again? Where do you go to find a sense of comfort, security, safety or peace?)

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.

# Treatment Plan and Initial Plan for Coping

Often it helps to go back to your Personal History Questionnaire or intake and review before developing your idea on treatment. They should flow into each other and connect the dots from problems to goals to more concrete objectives that would tell us if you were on the way to meeting your goals).

Try to balance how you want to be (live your life) versus only focusing on eliminating problems.

1. I have the following goals I plan to work on in treatment:

|  |
| --- |
| ***Goal(s):*** (for example, “develop more effective coping skills for depression” |
| ***Measurable Objective(s):*** (how you and your therapist will know you have met your goal, for example, “state three specific skills for relieving her depression”, “report 3 triggers and ways of coping” |
| ***Expected Length of Care:***  \_\_\_\_\_ (weeks) meeting one time per **week** / **month** / **two-weeks** (circle one) |
| ***I believe my chances of meeting above goals and objectives is***: fair good poor |

1. Therapy in general is a way of learning to reduce distress. As such what are some of your thoughts, feelings and actions you are currently aware of that relate to your distress or are your “early warning signs” of difficulties:

|  |  |
| --- | --- |
| Thoughts: | (a) |
|  | (b) |
|  | (c) |
| Feelings: | (a) |
|  | (b) |
|  | (c) |
| Actions: | (a) |
|  | (b) |
|  | (c) |

1. What are your coping skills / activities you can engage in more frequently or when you are feeling down or upset [activities, people, social settings that can distract as well as “coping skills”]:
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who do you talk to when upset or distressed?
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this person is not available, I talk with:

* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this person is not available, I talk with:

* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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