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PERSONAL SUMMARY

Date: _____

Name: _____ Spouse/Partner Name: _____

1. Age _____ Of Spouse/Partner _____

2. Marital Status (CIRCLE) _____ If applicable: First Marriage? YES NO
Married Divorced Widowed Single Married how long? _____

3. Please identify two changes you seek as a result of our therapy
(1) _____
(2) _____

4. Occupation _____ Of Spouse/Partner _____

5. Education: Complete below (for you and your partner, if applicable)

Level	Name & City	Major & Minor Course	Dates (From-To)	Degrees/Diploma
Secondary	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

6. Children? YES NO How Many? _____ Age(s) _____ Sex(es) _____

7. How would you judge your physical energy?
Better Than Average _____ *Average* _____ *Below Average* _____

8. Have there been any changes in your overall energy level? Describe.

9. Have you experienced any recent variations in your patterns of sleeping, eating, elimination, breathing rate, skin condition, or ability to concentrate? If so, please describe.

9a. Do you pursue any special interests, hobbies, or passions that might help me understand you better?

9b. Have you ever known anyone who has benefited from psychotherapy? (How so?)

10. Have you lost anyone who has been important to you? YES NO

If so, whom, when and describe your reactions and relationship to this person.

PART I: FAMILY OF ORIGIN

Father: Name _____ Occupation _____

Age, if living _____ Age at death _____

Mother: Name _____ Occupation _____

Age, if living _____ Age at death _____

Brothers & Sisters: In order of birth, please give the following information:

Name	Age	Sex	Living?	Education	Occupation	Health	Marital Status	Children	*Marital Adjustment	**Step or ½
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

*Indicate if the marriage is VERY HAPPY, AVERAGE HAPPY, UNHAPPY, VERY UNHAPPY

** Check if the person is a step or half sister/brother.

PLEASE PROVIDE ADDITIONAL BACKGROUND ABOUT YOU AND YOUR FAMILY:

1. Where were you born? _____

2. How many separate places did you live up to age 18? _____

3. Were your parents alive and living together until you were 18? _____

If not, please list the circumstances (also see question 7).

4. Describe your father's personality. How did you get along with him when growing up?

5. Describe your mother's personality. How did you get along with her when growing up?

6. Describe your parent's relationship. Which parent was/is the dominant partner and how were/are decisions made in their relationship?

7. Were you raised by a step-parent or someone other than your natural parents? If so, describe your relationship with those raising you and your relationship with your absent parent(s).

8. Describe your father's parents and the kind of relationship they had.

9. Describe your mother's parents and the kind of relationship they had.

10. Describe your family as you were growing up including family circumstances (e.g., economic, social), your relationship to siblings, peers, school, etc. Include anything that would give a clearer picture of you and your family.

11. Describe **your present relationship** with your family (parents, brothers, sisters, etc.)

12. Has anyone in your immediate family (you/partner/children if applicable) and/or relatives (parents, grandparents, grandchildren, aunts, uncles, cousins) had any problems with alcohol, eating disorders, drugs or other addictive behaviors? If so, please specify the person, your relationship to that person, type and duration of problem, and your perceptions of the impact on you (of the person and the problem).

13. If yes to 12, please specify if you or any family member have ever sought help for addictive behaviors. What worked or did not work?

14. To which parent did you feel closest when you were growing up? _____

15. Are there particular attitudes, interests, or values of your parents that you share? If so, what are they?

16. Do you have particular attitudes, interests, or values that differ widely from your parents? If so, what are they?

PART II: MARITAL OR COUPLE RELATIONSHIP

IF SINGLE, NEVER MARRIED, OR DIVORCED, COMPLETE APPLICABLE ITEMS FOR ANY CURRENT OR PAST SIGNIFICANT RELATIONSHIPS. SKIP ANY ITEMS THAT ARE NOT APPLICABLE TO YOU OR YOUR PRESENT/PAST RELATIONSHIPS.

1. How and when did you meet your partner?

2. Describe your courtship, giving duration and whether it was/is smooth, stormy, etc.

3. Did you have a honeymoon? _____ Describe your reactions, your partner's reactions, etc.

4. Are there children of your first marriage or relationship? ____ Are there children from other marriages or relationships? ____ If so, how soon after the marriage or relationship began (if not married) was your first child born? _____
Was this a planned pregnancy, and, if so, how was the decision made?

8. When and how did problems begin in your marriage or relationship?

9. Does your partner know about your contact with this office? ___ Yes ___No Is your partner likely to be **encouraging/discouraging** about any ongoing individual therapy or counseling? (Circle either encouraging or discouraging.)

10. Have you received professional help for personal problems or for couple counseling from any of the following: **physician, psychologist, clergy, psychiatrist, social worker, counselor, agency**, or other? (Circle applicable category.) If yes, please give the name(s) and date(s). Also, please describe your opinion of the results or impact of the therapy on you.

11. Have you or your partner ever attempted suicide? _____ If so, give details, circumstances and years.

12. Describe your two most important relationships and identify issues/conflicts in each relationship (see 12A and 12B, pages 8 and 9).

12A. What are your specific concerns/complaints about your present marriage or relationship to _____ (name). First circle and then describe:

- a. Lack of communication
- b. Constant arguments
- c. Unfulfilled emotional needs
- d. Sexual dissatisfaction
- e. Financial disagreements
- f. In-law trouble
- g. Infidelity
- h. Conflicts about children
- i. Domineering spouse
- j. Suspicious spouse
- k. Household routines and schedules
- l. Drinking
- m. Drugs
- n. Others (Specify)

12B. IF APPLICABLE, what are your specific concerns/complaints about a significant past relationship with or marriage to _____ (name). Circle and then describe:

- a. Lack of communication
- b. Constant arguments
- c. Unfulfilled emotional needs
- d. Sexual dissatisfaction
- e. Financial disagreements
- f. In-law trouble
- g. Infidelity
- h. Conflicts about children
- i. Domineering spouse
- j. Suspicious spouse
- k. Household routines and schedules
- l. Drinking
- m. Drugs
- n. Others (Specify)

13. Any previous marriages? _____ If yes, did the marriage end in divorce, death or desertion? Give details.

PART III: YOURSELF AS A PERSON

1. Describe the kind of person you are: feelings of anxiety, loneliness, sensitivity, low self-confidence, workaholic, procrastinating, other tendencies, etc.

2. Summarize why you are seeking help now.

3. School Adjustment: Were you satisfied with the grades that you achieved and your friends? In what extracurricular activities did you participate? What problems, if any, did you have in school? What successes?

4. Your Profession/Job: Describe your feelings about your work. How do you get along with your coworkers and employer? Have you changed jobs frequently and, if so, give details.

5. Leisure, social or civic activities: What are they? (expand 9a, bottom of page 1.) How much satisfaction do you get from these activities? What issues or problems do you have in this area? What strengths?

6. Spirituality and Religion (Optional): Identify your spiritual or religious preferences, if applicable and inclined. How often is your participation? Have the teachings and values of your faith or church influenced you personally, your partner, and/or your relationship? If yes, how?

Your religion (OPTIONAL)

Of partner (OPTIONAL)

7. Projecting ahead: In what pursuits or activities would you like to participate if you had the time (and money)?

8. Coping during crisis: Briefly describe one or two crisis or stressful situations in your life and how you dealt with the challenge or problem(s)? Detail specifically what worked for you and what you tried that did not work.

(a) _____

(b) _____

PART IV: WORK HISTORY

1. List your full-time work history (not including summer jobs) with most recent jobs first.

(a) Company and city: _____
Starting & terminating dates: _____
Starting & terminating jobs: _____
Duties at the start _____
Duties at the end _____
How you happened to work there _____
Reason for leaving _____
List any additional part-time work _____

(b) Company and city: _____
Starting & terminating dates: _____
Starting & terminating jobs: _____
Duties at the start _____
Duties at the end _____
How you happened to work there _____
Reason for leaving _____
List any additional part-time work _____

(c) Company and city: _____
Starting & terminating dates: _____
Starting & terminating jobs: _____
Duties at the start _____
Duties at the end _____
How you happened to work there _____
Reason for leaving _____
List any additional part-time work _____

2. **In your professional/work experience and/or home life:**

(a) What sorts of things have you done easily and well?

(b) What sorts of things have you found difficult to do?

(c) What sorts of things have you particularly liked?

(d) What sorts of things have you particularly disliked?

3. How much vacation did you have last year? _____
How much did you use and how did you spend it?

4. What do you see yourself doing professionally in the not-too-distant future that would be most enjoyable?

5. What alternative sorts of work/professional activities come to mind which would be enjoyable?

PART V: MEDICAL HISTORY

1. Family physician, name and address:

2. What is your present state of health?

3. When did you have your last medical checkup?

4. What serious medical illnesses, if any, have you had and when (please describe)? Have you ever experienced or been diagnosed with thyroid or sleep problems (if so describe).

5. What surgical operations have you had and when?

6. Habits:

(a) What prescription or nonprescription drugs are you presently taking?

(b) Do you smoke? ___ Yes ___ No If yes, list packs or total number per day for how long? _____

(c) How much do you drink and how often (per day)?

-- alcohol (specify beer, wine or hard liquor) _____

-- caffeinated drinks (coffee, tea, soda) _____

(d) Do you think you drink too much alcohol or caffeinated drinks (or both)? Please describe.

(e) Are there any other habits, patterns in your life, or recurring worries that bother you?

PART VI: PERSONAL SUMMARY

1. Please give a brief word picture of yourself as you would like to be described by:

(a) Yourself. _____

(b) Someone who dislikes you. _____

(c) A parent. _____

(d) Your partner. _____

2. Which of your personal characteristics or habits do you find least congenial?
