BIOGRAPHICAL INFORMATION

Form prepared by Northwest Counseling, PLLC 4175 3 Mile Rd. Walker, MI 49534

CLIENT NAME: _____ DATE:_____

ADDRESS: _____City_____Zip_____

DATE OF BIRTH:_____ AGE: _____ SS# _____/_____/_____

DRIVER'S LICENSE OR STATE ID#_____

TELEPHONE: H : _____ W: _____ CELL:_____

E-MAIL ADDRESS_____

PARENT/GUARDIAN_____

MARITAL STATUS: **Single** **Married** **Separated** **Divorced** **Widowed** **Living Together**

Employer_____ Occupation_____

School_____ Grade Completed _____

Church/Religious Affiliation_____

EMERGENCY CONTACT:

Name: _____Phone#_____

Relationship_____

OTHERS LIVING WITH YOU

Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		
5.		

HAVE YOU EVER BEEN IN COUNSELING? _____YES _____NO

HAVE OTHER FAMILY MEMBERS BEEN IN COUNSELING? _____YES _____NO

IF "YES" TO EITHER OF THE ABOVE, WHO, WHEN AND WHERE? _____

_____

Confidential Record: Information not to be released without prior authorization

MEDICAL HISTORY

Primary Care Physician_____**Phone**_____

Address_____

Other Treating Providers_____**Address**_____

Specify all <u>MEDICATION</u> you are presently taking and for what. <u>PRINT</u> clearly:

_____

_____

_____

_____

PLEASE LIST ANY SURGERIES, MEDICAL HOSPITALS, OR PRESENT MEDICAL PROBLEMS:

_____

_____

_____

PLEASE LIST ANY ALLERGIES_____

IS THERE A HISTORY OF SEIZURES? _____

_____

PSYCHIATRIC HISTORY

Has anyone in your family ever attempted or committed suicide? _____YES _____NO

If yes, please explain_____

_____

Have you ever been admitted to an INPATIENT mental health facility? _____YES _____NO

If yes, please explain_____

_____

Have you ever completed any psychological testing? ____YES ____NO

If yes, when and by whom?_____

Comments:_____

_____

WHAT DO YOU DO FOR FUN?_____

_____

_____

Briefly describe the concerns that brought you here_____
_____
_____
_____
_____

Please check the areas that are a concern for you:

____Depression	____Rape	____Loneliness
____Anxiety	____Relationship with lover	____Loss of meaning in life
____Financial	____Fear	____Grief
____Marriage problems	____Self doubts	____Sleep disturbance
____Problems with family	____Violence toward others	____Drugs
____Sexual concerns	____Fear of abuse/violence	____Alcohol
____Relationship with friends	____Intense anger	____Loss of self respect
____Jealousy	____Insecurity	____Sexual abuse
____Stealing	____Lying	____Parent/child conflicts
____Suicidal thoughts or feelings	____Homicidal thoughts or feelings	
____Loss of faith in others	____Loss of hope	____Appetite disturbance
____Legal problems	____Social skills	____Impulsivity
____School performance	____Job performance	____Ex-spouse
____Issues of divorce	____Child's behavior	____Parenting concerns
____Health concerns	____Care giver concerns	

Why are you seeking help NOW?_____
_____
_____
_____