

CONFIDENTIAL PERSONAL QUESTIONNAIRE

Please fill out the following as completely as possible. Although detailed, these questions will help us to more quickly get past basic information so that we may begin helping you with your problem. Your responses are strictly confidential and will not be released to others except with your consent or in other specific circumstances as required by law.

NAME OF CLIENT(S) _____ PHONES: Home _____ Work _____

ADDRESS _____ City & Zip Code: _____

DATE OF BIRTH _____ AGE _____ SOCIAL SECURITY NO. _____

OCCUPATION _____ EMPLOYER/ADDRESS: _____

BIRTHPLACE _____ RELIGION _____ MILITARY SERVICE _____

LAST SCHOOL GRADE COMPLETED _____ WITH WHOM DO YOU LIVE? _____

MARITAL STATUS _____ List dates of marriage(s) and how terminated.
First: _____ to _____ Terminated by _____
Second: _____ to _____ Terminated by _____
Third: _____ to _____ Terminated by _____
Fourth: _____ to _____ Terminated by _____
Fifth: _____ to _____ Terminated by _____

REFERRED BY: Self _____ Dr. _____ Other _____

Description of problem(s): _____

When did problem(s) start? _____ What events may have caused or contributed to the problem(s)? _____

If the problem or related symptoms have occurred before, please indicate when: _____

What have you tried to do so far? _____

Please list previous counseling and treatment for emotional/psychological problems:

<u>YEAR</u>	<u>THERAPISTS</u>	<u>LOCATION</u>	<u>TYPE OF TREATMENT</u>	<u>DURATION</u>	<u>RESULTS</u>
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____