



Name: _____

PSYCHOTHEAPY HEALTH HISTORY

FAMILY HISTORY

FATHER, if living: Age _____ Education _____

Type of work _____

How often do you see each other and describe the quality of your relationship: _____

If deceased, Father's age at time of death _____ Your age (at that time) _____

Cause of death _____

How would you describe your father during your childhood (good points and bad points): _____

MOTHER, if living: Age _____ Education _____

Type of Work _____

How often do you see each other and describe the quality of your relationship _____

If deceased, Mother's age at time of death _____ Your age (at that time) _____

Cause of death _____

How would you describe your mother during your childhood (good points and bad points): _____

If stepparents or grandparents raised you, please provide similar information about them, their good and bad points, etc.

How did your parents or stepparents get along? How did they resolve their conflicts? _____

What were the family values (e.g. Beliefs about education, material things, honesty, other peoples opinions etc.) How were they enforced? _____

Who did the disciplining? _____

Were there any significant health problems among family members? _____

Please list all brother, sisters and step-siblings, oldest first, *include yourself also*.

Name	Age	How did you get along?	Frequency of Contact	Any Special Info. Illness/Mental Illness/ Addictions/Other
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Where (city) did you grow up? _____

EDUCATION

Highest level of education completed: _____

Degree or Diploma: _____

Describe your experience in school - the good points and the bad points.

SEXUAL HISTORY

Do not fill in the specifics if you find it troubling in any way; however, please let me know if anything unusual happened to you, such as being sexually molested, partner's infidelity, etc.

Age:	Event

RELATIONSHIP HISTORY

Please give some information about your significant relationship or marital partners.

First Name of Partner	Partner's Age at Start of Relationship	Your Age at Start of Relationship	# Years Together	Why Did You Split Up?

Describe the quality of your current relationship. _____

Please describe any relationship problems you and your partner may be having now _____

Please list all children and step-children.

Name	Age	What is Special About Him/Her?

List any significant information about any of the above.

WORK

Describe the quality of your work life, the good points and the bad points.

YOUR HOBBIES AND INTERESTS

Please list your hobbies and interests and when you last did these activities

SELF DESCRIPTION

Which of the following describe you? Add others which may apply.

Bored	Loner	Isolated	Worrier
Angry	Anxious	Friendly	Moody
Assertive	Depressed	Athletic	Motivated to achieve
Avoidant	Caring	Greedy	Outgoing
Competitive	Hard working	Impulsive	Impatient
Honest	Con artist	Immature	Risk taker
Perceptive	Unworthy	People pleaser	Low self-esteem
Procrastinator	Workaholic	Intelligent	Law-abiding
Responsible		Shy	Dependent
Fearful of showing feelings			Low frustration tolerance level

SOCIAL

How would you describe the quality of your current social relationships? Who is supportive of you?

LIFE EVENTS

Describe any unusual events in your life that left their mark on you, (i.e.) that still make you sad, angry or happy.

THERAPY

What are the problems that are bringing you here today?

What are your goals in seeking therapy?

Is there anything else you would like me to know about you?

Patient Name: _____ Signature _____ Date: _____