General Counseling Biographical Information Form

Family Beginnings, PC
7440 Shadeland Ave, Suite 212
Indianapolis, IN 46250
317-595-3665
www.ivf-indiana.com

Note: To assist us in helping you, please fill out this form as fully and openly as possible. All private information is help in the strictest confidence within legal limits. If certain questions do not apply to you please leave them blank. PLEASE RETURN FORM ONE WEEK BEFORE SCHEDULED APPOINTMENT.

Personal History

1)Name: ________________________________ 2) Age: ____3) Gender: ___ M __ F

4)Address: ___________________ City: _______________ State: ____ Zip: _______

5)Weight: ________ 6) Height: ______7) Eye color: ___8) Hair color: _________

9) Race: ___________10)Today's date: ________11) Date of birth: ___ 12) Years of education: _________13)Occupation: ______________

14) Home phone: _______________15) Business phone: _______________

16)Present marital status:____________________

17)If married, are you living with your spouse at present? Yes____No____

18)If married, years married to present spouse: __________________________________

19) Family Information

Relationship	Name	Age	Living: Yes	Living: No	Living with you: Yes	Living with you: No
Mother						
Father						
Spouse						
Children						

Significant others (brothers, sisters, grandparents, step-relatives, half-relatives. Please specify relationship.)

Relationship	Name	Age	Living: Yes	Living: No	Living with you: Yes	Living with you: No

Your Mother (or mother substitute)

20) Briefly describe your mother: ____

21) Your mother's occupation when you were a child: ______________________________

___ stayed home ___ worked outside part-time ___ worked outside full-time

22) How did you get along with your mother when you were a child?

___ poorly ___ average ___ well

23) How do you get along with your mother now?

___ poorly ___ average ___ well

24) Did you mother have any problems (e.g., alcoholism, violence, etc.) that may have affected your childhood development? ____ Yes _____No

If Yes, please describe: ____

____

25) Describe overall how your mother treated the following people as you were growing up:

(Circle one answer for each)

Your mother's treatment of:	Poor			Average			Excellent
1) You	1	2	3	4	5	6	7
2) Your family	1	2	3	4	5	6	7
3) Your father	1	2	3	4	5	6	7

Your Father (or father substitute)

26) Briefly describe your father: ____

____

____

27) Your father's occupation when you were a child: _____stayed home

_____worked outside part-time____________ worked outside full-time

28) How did you get along with your father when you were a child?

___ poorly ___ average ___ well

29) How do you get along with your father now?

___ poorly ___ average ___ well

30) Did you father have any problems (e.g., alcoholism, violence) that may have affected your childhood development? ___ Yes ___ No

If Yes, please describe: ____

____

31) Describe overall how your father treated the following people as you were growing up:

(Circle one answer for each)

Your father's treatment of:	Poor			Average			Excellent
1) You	1	2	3	4	5	6	7
2) Your family	1	2	3	4	5	6	7
3) Your mother	1	2	3	4	5	6	7

Spiritual/Religious

32) How important to you are spiritual matters? _______ Not ______ Little
_________ Moderate _____Much
33) Would you like your spiritual/religious beliefs incorporated into the counseling? _
_________Yes ______ No
If Yes, describe: ____

Legal

Current Status

34) Are you involved in any active cases (traffic, civil, criminal)?___ Yes __ No
If Yes, please describe and indicate the court and hearing/trial dates and charges: _
____
35) Are you presently on probation or parole? __ Yes ___ No
If Yes, please describe: ____

Past History

Traffic violations: ___ Yes __ No
DWI, DUI, etc.: ___ Yes __ No
Criminal involvement: ___ Yes __No
Civil involvement: ___ Yes __ No

If you responded Yes to any of the above, please fill in the following information.

Charges	Date	Where (city)	Results

36) Education

Fill in all that apply:

Years of education: _Currently enrolled in school? Yes___ No___
__ High school grad/GED
__ Vocational: Number of years: _Graduated: _____ Yes __ No Major: __________
__ College: Number of years: _Graduated: _____ Yes __ No Major: __________
__ Graduate: Number of years: _Graduated: _____ Yes __ No Major: __________
Other training: ____
Special circumstances (e.g., learning disabilities, gifted): ______________________
____

37) Employment

Begin with most recent job, list job history: ______________________________

Employer	Dates	Title	Reason left the job	How often miss work?
________	________	________	________	________
________	________	________	________	________
________	________	________	________	________

Currently:_____ FT __ PT __ Temp __ Laid-off ___ Disabled ___ Retired
___ Social Security ________ Student ______________________________
Other (describe): ____

38) Military

Military experience? ______ Yes _______ No
Combat experience? _____ Yes ________No
Where: ____
Branch: ______________________ Discharge date: ____________________
Date drafted: __________________ Type of discharge: __________________
Date enlisted: _________________ Rank at discharge: __________________

39) Leisure/Recreational

Describe special areas of interest or hobbies (e.g., art, books, crafts, physical fitness, sports, outdoor activities, church activities, walking, exercising, diet/health, hunting, fishing, bowling, traveling, etc.)

Activity	How often now?	How often in the past?
____________________________	_____________________	_____________________
____________________________	_____________________	_____________________
____________________________	_____________________	_____________________
____________________________	_____________________	_____________________

40) Development

Are there special, unusual, or traumatic circumstances that affected your development? ___Yes___ No

If Yes, please describe: ____

Has there been history of child abuse? ___ Yes ___ No

If Yes, which type(s)? ________ Sexual ___ Physical _____Verbal

If Yes, the abuse was as a: _________ Victim _____Perpetrator

Other childhood issues: ________ Neglect ___________ Inadequate nutrition

___________________ Other (please specify): ___________________________

Comments re: childhood development: ____

____

41) Social Relationships

Check how you generally get along with other people: (check all that apply)

__ Affectionate ___ Aggressive ___ Avoidant ___ Fight/argue often

__ Follower______ Friendly ___ Leader ___ Outgoing____Shy/withdrawn

__ Submissive

___ Other (specify): ____

Sexual orientation: ______________ Comments: _________________________________

Sexual dysfunctions? ________ Yes _____ No

If Yes, describe: ____

Any current or history of being as sexual perpetrator? ___ Yes ____No

If Yes, describe: ____

42) Cultural/Ethnic

To which cultural or ethnic group, if any, do you belong? ______________________
____

Are you experiencing any problems due to cultural or ethnic issues? __ Yes ___ No
If Yes, describe: ____
Other cultural/ethnic information: ____
____

43) Counseling/Prior Treatment History

	Yes	No	When	Where	
Counseling/Psychiatric treatment	____	____	____________	____________________	______________
Suicidal thoughts/attempts	____	____	____________	____________________	______________
Drug/alcohol treatment	____	____	____________	____________________	______________
Hospitalizations	____	____	____________	____________________	______________
Involvement with self-help groups (e.g., AA, Al-Anon, NA, Overeaters Anonymous)	____	____	____________	____________________	______________

Information about family/significant others (past and present):

	Yes	No	When	Where	
Counseling/Psychiatric treatment	____	____	____________	____________________	______________
Suicidal thoughts/attempts	____	____	____________	____________________	______________
Drug/alcohol treatment	____	____	____________	____________________	______________
Hospitalizations	____	____	____________	____________________	______________
Involvement with self-help groups (e.g., AA, Al-Anon, NA, Overeaters Anonymous)	____	____	____________	____________________	______________

Please check behaviors and symptoms that occur to you more often than you would like them to take place:

__ Aggression
__ Alcohol dependence
__ Anger
__ Antisocial behavior
__ Anxiety
__ Avoiding people
__ Chest pain
__ Cyber addiction
__ Depression
__ Disorientation
__ Distractibility
__ Dizziness
__ Drug dependence
__ Eating disorder
____ Elevated mood
____ Fatigue
____ Gambling
____ Hallucinations
____ Heart palpitations
____ High blood pressure
____ Hopelessness
____ Impulsivity
____ Irritability
____ Judgment errors
____ Loneliness
____ Memory impairment
____ Mood shifts
____ Panic attacks
____ Phobias/fears
____ Recurring thoughts
____ Sexual addiction
____ Sexual difficulties
____ Sick often
____ Sleeping problems
____ Speech problems
____ Suicidal thoughts
____ Thoughts disorganized
____ Trembling
____ Withdrawing
____ Worrying
____ Other (specify): _________
____

43) Substance Abuse Questions

Describe when and where you typically use substances: _________________________
____
____

Describe any changes in your use patterns: _____________________________________
____

Describe how your use has affected your family or friends (include their perceptions of your use): ____
____

Reason(s) for use:

__ Addicted _______ Build confidence _______ Escape___________ Self-medication
__ Socialization ___ Taste ___ Other (specify): _______________

How do you believe your substance use affects your life? ________________________
____

Who or what has helped you in stopping or limiting your use? ____________________

Does/Has someone in your family present/past have/had a problem with drugs or alcohol?

__ Yes __ No If Yes, describe: ____

Have you had withdrawal symptoms when trying to stop using drugs or alcohol?
____ Yes __ No

If Yes, describe: ____

Have you had adverse reactions or overdose to drugs or alcohol? (describe):__________

____

Have drugs or alcohol created a problem for your job? ___ Yes ___ No

If Yes, describe: ____

44) Thoughts and Behaviors

Please check how often the following thoughts occur to you:

1) Life is hopeless. ___Never____ Rarely ___ Sometimes __Frequently
2) I am lonely. ___ Never ___ Rarely ___ Sometimes ___ Frequently
3) No one cares about me. ___ Never ___ Rarely ___ Sometimes ___ Frequently
4) I am a failure. ___ Never ___ Rarely ___ Sometimes ___ Frequently
5) Most people don't like me. ___ Never ___ Rarely ___ Sometimes ___ Frequently
6) I want to die. ___ Never ___ Rarely ___ Sometimes ___ Frequently
7) I want to hurt someone. ___ Never ___ Rarely ___ Sometimes ___ Frequently
8) I am so stupid. ___ Never ___ Rarely ___ Sometimes ___ Frequently
9) I am going crazy. ___ Never ___ Rarely ___ Sometimes ___ Frequently
10) I can't concentrate. ___ Never ___ Rarely ___ Sometimes ___ Frequently
11) I am so depressed. ___ Never ___ Rarely ___ Sometimes ___ Frequently
12) God is disappointed in me. ___ Never ___ Rarely ___ Sometimes ___ Frequently
13) I can't be forgiven. ___ Never ___ Rarely ___ Sometimes ___ Frequently
14) Why am I so different? ___ Never ___ Rarely ___ Sometimes ___ Frequently
15) I can't do anything right. ___ Never ___ Rarely ___ Sometimes ___ Frequently
16) People hear my thoughts. ___ Never ___ Rarely ___ Sometimes ___ Frequently
17) I have no emotions. ___ Never ___ Rarely ___ Sometimes ___ Frequently
18) Someone is watching me. ___ Never ___ Rarely ___ Sometimes ___ Frequently
19) I hear voices in my head. ___ Never ___ Rarely ___ Sometimes ___ Frequently
20) I am out of control. ___ Never ___ Rarely ___ Sometimes ___ Frequently

46) List your five greatest strengths:

1) ____
2) ____
3) ____
4) ____
5) ____

47) List your five greatest weaknesses:

1) ______________________________
2) ______________________________
3) ______________________________
4) ______________________________
5) ______________________________

48) List your main social difficulties: ______________________________

49) List your main love and sex difficulties: ______________________________

50) List your main difficulties at school or work: ______________________________

51) List your main difficulties at home: ______________________________

52) List your behaviors you would like to change:

End