INWOOD FAMILY GUIDANCE
& PSYCHOLOGICAL SERVICES PLLC

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Biographical Information Form—Adult

Instructions: To assist us in helping you, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to you, leave them blank.

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:

____ 1) never married
____ 2) engaged to be married
____ 3) married now for first time
____ 4) married now after first time
____ 5) separated
____ 6) divorced and not remarried
____ 7) widowed and not remarried
____ 8) other (specify) _____

17) If married, are you living with your spouse at present? ____ Yes ____ No
18) If married, years married to present spouse: _____

Therapy/Psychiatric History

19) Are you receiving psychiatric services at present? ___ Yes ____ No
If Yes, please briefly describe: _____
_____
20) Have you received psychiatric services in the past? ____ Yes ____ No
If Yes, please briefly describe: _____
_____
21) What is (are) your main reason(s) for this visit? _____
_____
_____
22) How long has this problem persisted (from #21)? _____
_____
_____
23) Under what conditions do your problems usually get worse? _____

24) Under what conditions are your problems usually improved? _____

25) How did you hear about Dr. Bell, or who referred you? _____

26) Name and address of your primary physician:
Physician's name: _____
Address: _____

27) List any major illnesses and/or operations you have had: _____

28) List any physical concerns you are having at present (e.g., high blood pressure, headaches, dizziness, etc.): _____

29) List any other physical concerns you are having at present: _____

30) When was your most recent complete physical exam? _____
Results of physical exam: _____

31) On average how many hours of sleep do you get daily? _____

32) Do you have trouble falling asleep at night? ____ Yes ____ No
If Yes, describe: _____

33) Have you gained/lost over ten pounds in the past year? __ Yes ____ No, ____ gained ____ lost
If Yes, was the gain/loss on purpose? ____ Yes ____ No

34) Describe your appetite (during the past week):
____ poor appetite ____ average appetite ____ large appetite

35) What medications (and dosages) are you taking at present, and for what purpose?

Medication	Purpose

36) What is your present religious affiliation?
____ 1) Catholic ___2) Jewish
____ 3) Protestant (specify denomination if any) ___ 4) None, but I believe in God

____ 5) Atheist or agnostic ____ 6) Other (please specify)

37) How important is religious commitment to you?

Unimportant Average importance Extremely important

1 2 3 4 5 6 7

38) Do you desire to have your religious beliefs and values incorporated into the counseling process?

____ Yes ____ No ___ Not sure (If Yes, please explain): _____

_____

Describe your family-of-origin Family Constellation: _____

_____

_____

39) Biological mother's age: _____ If deceased, how old were you when she died? _____

40) Biological father's age: _____ If deceased, how old were you when he died? _____

41) If your parents separated or divorced, how old were you then? _____

42) Number of brother(s) _____ Their ages: ___ ___ ___ ___ ___ ___

43) Number of sister(s) _____ Their ages: ___ ___ ___ ___ ___ ___

44) I was child number _____ in a family of _____ children.

45) Were you adopted or raised with parents other than your biological parents? __ Yes __ No

If yes, describe: _____

46) Briefly describe your relationship with your brothers and/or sisters: _____

_____

_____

47) Which of the following best describes the family in which you grew up?

Warm and accepting Average Hostile and fighting

1 2 3 4 5 6 7 8 9

48) Which of the following best describes the way in which your family raised you?

Allowed me to be Attempted to

very independent Average control me

1 2 3 4 5 6 7 8 9

Your Mother (or Primary Caregiver1)

49) Briefly describe your mother: _____

_____

_____

50) How did she discipline you? _____

_____

_____

51) How did she reward you? _____

_____

_____

52) How much time did she spend with you when you were a child?

____ much ___ average ___ little

53) Your mother's occupation when you were a child: ___

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

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

____ poorly ____ average ____ well

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

____ poorly ____ average ____ well

56) Did you mother have any problems (e.g., alcoholism, violence, etc.) that may have affected your childhood development? ____ Yes ____ No

If Yes, please describe: _____

_____

57) Is there anything unusual about your relationship with your mother? ___ Yes ____ No

If Yes, please describe: _____

_____

58) 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 Primary Caregiver2)

59) Briefly describe your father: _____

_____

_____

60) How did he discipline you? _____

_____

_____

61) How did he reward you? _____

_____

_____

62) How much time did he spend with you when you were a child?

____ much ____ average ____ little

63) Your father's occupation when you were a child: _____

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

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

____ poorly ____ average ____ well

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

____ poorly ____ average ____ well

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

If Yes, please describe: _____

67) Is there anything unusual about your relationship with your father? ___ Yes ___ No

If Yes, please describe: _____

68) 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						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

Thoughts and Behaviors

69) 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

Please comment (e.g., examples, frequency, duration, effects on you) about each of the above thoughts that occur frequently or are a concern to you. Use the back of this sheet is necessary.

_____

_____

_____

_____

_____

Symptoms

70) Check the behaviors and symptoms that occur to you more often than you would like them to take place:

____ aggression	____ fatigue	____ sexual difficulties
____ alcohol dependence	____ hallucinations	____ sick often
____ anger	____ heart palpitations	____ sleeping problems
____ antisocial behavior	____ high blood pressure	____ speech problems
____ anxiety	____ hopelessness	____ suicidal thoughts
____ avoiding people	____ impulsivity	____ thoughts disorganized
____ chest pain	____ irritability	____ trembling
____ depression	____ judgment errors	____ withdrawing
____ disorientation	____ loneliness	____ worrying
____ distractibility	____ memory impairment	____ other (specify)
____ dizziness	____ mood shifts	_____
____ drug dependence	____ panic attacks	_____
____ eating disorder	____ phobias/fears	_____
____ elevated mood	____ recurring thoughts	_____

Please give examples of how each of the symptoms you checked impairs your ability to function (e.g., socially, emotionally, occupationally, physically). Use the back of this sheet if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

71) List your five greatest strengths:

1) _____
2) _____
3) _____
4) _____
5) _____

72) List your five greatest weaknesses:

1) _____
2) _____
3) _____
4) _____
5) _____

73) List your main social difficulties: _____

74) List your main love and sex difficulties: _____

75) List your main difficulties at school or work: _____

76) List your main difficulties at home: _____

77) List your behaviors you would like to change: _____

78) Additional information you believe would be helpful: _____