



# Background Information

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Name \_\_\_\_\_ Date: \_\_\_\_\_

**Chief concern:** Please describe the main difficulty that has brought you to see me:

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## Prior Treatment

1. Have you ever received psychological or counseling services before?  No  Yes If yes:

When?	From whom?	For what?	With what results?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever taken medications for psychiatric or emotional problems?  No  Yes If yes, please list medications taken and briefly describe the results:

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**Abuse history:** If you've ever been physically, emotionally, or sexually abused, please briefly describe :

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**Present relationships**

1. How do you get along with your present spouse or partner?

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2. How do you get along with your children and/or your parents?

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**Chemical use**

1. How much beer, wine, or liquor do you consume in an average week? \_\_\_\_\_

2. How much tobacco do you smoke or chew each week? \_\_\_\_\_

3. Which drugs (not medications prescribed for you) have you used in the last 10 years? \_\_\_\_\_

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Please provide details about your use of these drugs or other chemicals, such as amounts, how often you used them, and their effects:

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**Other**

Is there anything else that is important for your psychologist to know about you? If yes, please tell me about it here:

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