Suzanne Etheridge, MFT

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: _____

Counseling History

19) Are you receiving counseling services at present? _____ Yes __ No

If Yes, please briefly describe: _____

_____

20) Have you received counseling 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 this clinic, 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): _____

_____

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

40) 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 natural parents? ____ Yes ____ No

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 very independent Average Attempted to control me

1 2 3 4 5 6 7 8 9

Your Mother (or mother substitute)

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 father substitute)

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			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

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 thought 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: _____

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