

**LINDA EVANS, Ph.D.,
116 W. 7th, Suite 210
Stillwater, OK 74074
405-707-9600**

Date _____

Personal History Information

Client's Name _____ Referred By _____
Address _____ Phone _____
City/State/Zip _____ Birthdate _____ Age _____
Occupation _____ Employed by _____
Social Security # _____ Business Phone _____

Family of Origin

Were you raised by your natural parents? _____ If no, explain: _____

Father: Living _____ Age _____ Deceased _____ Age at death _____

Cause of death _____ Occupation _____

Describe your relationship/significant interaction with your Father.

Mother: Living _____ Age _____ Deceased _____ Age at death _____

Cause of death _____ Occupation _____

Describe your relationship/significant interaction with your Mother.

Are your parents still married or were they still married when the first one died? _____

Which parent were you emotionally closer to? _____

Were any other persons involved in providing parenting for you as you were growing up?

Describe _____

Siblings: List ages and current geographic locations of your brother(s).

List ages and current geographic locations of your sister(s). _____

Which siblings were you closest to growing up? _____

Do you believe that your family was emotionally close as you were growing up? _____

Describe: _____

Describe any past and/or present use of alcohol and/or drugs by other family members, including dependence or abuse, and any treatment of such: (in the last three generations)

Describe any hospitalization or treatment of mental/emotional problems of family members (in the last three generations). Include depression and/or anxiety: _____

Cultural Background

Race (Optional): _____ Do you speak any other languages? _____

Do you have any speaking, reading, or writing problems ? _____

Were you raised in an urban or rural setting? _____ Please describe any cultural considerations which you believe may affect your counseling. _____

Education and Religious History

How far did you get in school? _____ If you did not complete high school, why?

What kind of grades did you make? _____

What kind of classes did you do particularly well in? _____

What kind of classes did you have the most trouble with? _____

What kinds of extracurricular activities did you participate in? _____

What is your church affiliation? (Optional) _____

Have you had any bad experiences with church or religion? _____ Describe: _____

Please describe any spiritual or religious information you believe to be pertinent to your counseling. _____

Work History

What are your work skills? _____

Are you satisfied with your current job? _____ Describe: _____

What kind of relationships do you have with your boss and/or coworkers? _____

Describe any problems at work which may be causing or contributing to emotional problems or stress currently: _____

How long have you been at your present job? _____ If unemployed, how long? _____ Do you have financial problems which are causing stress? _____ Describe

Medical History

Describe your current physical health. _____

List any known allergies _____

List, date, and briefly describe all surgeries, accidents, or major illnesses.

(Females) Do you have PMS or menstrual problems? _____ Describe:

Please review the following symptoms and put a "P" before the symptoms you have experienced in the past and a "C" before the symptoms you are currently experiencing.

___ Memory loss	___ Anxiety/tension	___ Confusion
___ Loss of interests	___ Fatigue/Weakness	___ Hallucinations
___ Appetite change	___ Weight gain/loss	___ Delusions
___ Concern for physical health	___ Temper	___ Feelings of unreality
___ Mind racing	___ Inability to focus	___ Paranoia
___ Worry/fear	___ Night mares	___ Extreme social withdrawal
___ Difficulty getting to sleep	___ Difficulty staying asleep	___ Agitation
___ Mood swings	___ Sleeping too much	
___ Phobia _____	___ Sadness/depressed mood	

Inability to experience joy Feelings of worthlessness Easily startled
 Chronic physical pain Fear of losing control Panic attacks
 Have you ever attempted suicide? _____ If yes, give dates, circumstances surrounding attempt(s), and what happened. _____

Have you thought about suicide recently? _____ If yes, give dates and circumstances surrounding those thoughts. _____

List previous psychological, psychiatric, or substance abuse treatment (in-patient or out-patient). Give dates, locations and names of therapists/psychiatrists _____

Diagnosis if known: _____ Have you had any prior "bad" experiences with counseling and/or treatment? _____ Describe: _____

Are you currently on any medication? _____ List _____

List all current and past prescriptions for mood/mind altering medications. Indicate whether current or past with dates _____

Name and location of your current primary physician _____

List any medication allergies _____

Marital History

Current marital status _____ Number of marriages _____ List age at each marriage and length of marriage _____

Have you ever separated from your current spouse? _____

Number of pregnancies _____ Abortion/Miscarriage(s) _____ Ages and gender of your children _____

Are your children living with you? _____ If no, describe: _____

Do your children present any major problems or concerns? _____ Describe _____

Describe your perception of the current state of your marriage _____

Does your spouse drink/use drugs? _____ Do you believe your spouse to have an alcohol or drug problem? _____ Is your spouse emotionally, physically, or sexually abusive? _____

Describe: _____

Alcohol and/or Drug History

Do you drink? ___ Do you use drugs? _____ If yes, at what age did you first start using alcohol/drugs? _____ When was your last drink/drug? _____ List the drugs, including alcohol that you have used _____

Which drug(s), including alcohol, are you presently using? _____

How many drinks do you usually consume in a sitting? _____

How often do you drink? _____

Have you found that you need to drink/use more to achieve the same results? _____

Has the effect of the alcohol/drugs decreased while continuing to use the same amount? _____

Have you ever felt that you should cut down on your drinking? _____

Have you ever tried to cut down or control your use of alcohol/drugs? _____

When you have quit drinking have you experienced detox symptoms? _____

Have you attempted to avoid withdrawal or detox symptoms by using the same substance or another? _____

Have you taken more alcohol/drugs than you intended or used alcohol/drugs over a larger period of time than you intended? _____

Have you spent a lot of time in obtaining, using, or recovering from use of alcohol/drugs? _____

Have you given up important social, occupational, or recreational activities because of your drinking/using? _____

Have you continued to use alcohol/drugs despite knowledge of physical or psychological problems connect to it? _____

Do you believe that you have a problem with alcohol or other drugs? _____

Has any significant other person in your life been concerned about your drinking/using? _____ Who? _____

Have people annoyed you by criticizing your drinking? _____

Have you ever felt guilt or bad about your drinking? ____

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? ____

Have you ever had a "blackout"? ____

Have you ever been arrested for DWI/DUI or public intoxication? ____

When _____ What was the outcome? _____

Do you have any pending court dates? ____ When? _____

Have you ever been treated for alcoholism/chemical dependency? ____ If yes, list treatment facilities and dates of treatment: _____

How long were you able to maintain sobriety? _____ What was your reason for trying to stop drinking/using? _____

During detox, have you ever experienced the following: DTs ____ Seizures or convulsions _____. List any other major withdrawal symptoms you have experienced:

Are you an active member of AA? ____ What is your opinion of it? _____

Is your spouse involved in AA, NA, EA, Al-Anon, or any other 12 step program? _____

Are any other family members involved in AA, NA, EA, Al-Anon, or any other 12 step program? ____ If "recovering", do you have a sponsor? ____ How many meetings do you attend weekly _____

Legal Problems

List dates and circumstances of any recent or prior arrests _____

Are you currently on probation or parole? ____ List any legal problems (divorce, bankruptcy, lawsuits, etc.) which may pertain to stress in your life or may in any way pertain to your counseling: _____

Strengths and Assets

Make a list of strengths that you bring to counseling with you that you believe will help you attain your counseling goals. Examples: Ability to be flexible, willingness to try something new, hard worker, loving husband and kids, stable job, etc. _____

Present Concerns

In a few words, please tell why you are seeking counseling _____
