Asbury Park Psychotherapy Associates

Life History Questionnaire

Please fill out this form as soon as possible at the beginning of treatment, and most certainly prior to our third appointment. Your answers are kept strictly confidential, and will aid us in treatment planning.

Date_____

General Information

Name:_____

Address:_____

Telephone: Day_____Evening_____Cell_____

Is it all right to leave a message on any of these numbers? _____Yes _____No

If yes, which one(s)_____

Marital Status: (check one): _____Single _____Engaged _____Married _____Separated

_____Widowed _____ Living with someone _____Remarried: How many times? _____

Do you live in: _____House _____ Room _____ Apartment _____ Other:_____

With whom do you live? (check all that apply): _____Self _____Parents _____Spouse

_____ Child(ren) _____ Roommate _____Friend(s)_____Others: (specify)_____

What kind of work are you doing now?_____

Does your present work satisfy you? _____ Yes _____ No

If no, please explain:_____

_____

_____

What kinds of jobs have you held in the past? _____

_____

_____

Personal and Social History

Father/Parent 1:

Name:_____ Age_____

Occupation: _____ Health: _____

If deceased, give his age at time of death: _____How old were you at that time? _____

Cause of death:_____

Mother/Parent 2:

Name:_____ Age_____

Occupation: _____ Health: _____

If deceased, give her age at time of death: _____How old were you at that time? _____

Cause of death:_____

Siblings:

Sister(s)

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Brother(s)

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Any significant details about siblings?_____

_____

_____

_____

If you were not brought up by your parents, who raised you and between what years?

_____

_____

Give a description of your father's (or father substitute's) personality and his attitude toward you (past and present):_____

_____

_____

_____

Give a description of your mother's (or mother substitute's) personality and his attitude toward you (past and present):

In what ways were you disciplined or punished by your parents?

What was/is your impression of your home atmosphere (the home in which you grew up). How was the relationship between your parents? How was the relationship between your parents and the children? How was the relationship between siblings?

Were you able to confide in your parents?

Basically, did you feel loved and respected by your parents?

If you have a stepparent, give your age when your parent remarried: _____

Has anyone (parents, relatives, friends) ever interfered in your marriage, occupation or other life choices? Please describe briefly:_____

_____

_____

_____

Were you raised in a religious tradition? If yes, which one(s)?_____

_____

Do you currently practice any religious tradition? If yes, which one? _____

_____

Scholastic/academic strengths:_____

_____

Scholastic/academic weaknesses:_____

_____

What was the last grade you completed (or highest degree)? _____

Check any of the following that applied to you during your childhood/adolescence:

____Happy childhood	___ Not enough friends	___ Sexually abused
____Unhappy childhood	___ School problems	___ Bullied or teased
____Emotional/behavior problems	___ Financial problems	___ Eating disorder
____Legal trouble	___Strong religious convictions	___ Others: _____
____Death in family	___ Drug use	_____
____Medical problems	___Alcohol use	_____
____Ignored	___Severely punished	_____

Description of Presenting Problems

In your own words, describe the nature of your main problem:_____

_____

_____

_____

_____

Please rate the severity of your problem(s):

___ Mildly upsetting ___ Moderately upsetting _____Very severe ___ Extremely severe

____Totally incapacitating

When did your problems begin?_____

_____

What seems to make your problem worse?_____

_____

What have you tried that has been helpful?_____

_____

Overall, how satisfied with your life as a whole?

Not at all satisfied 1 2 3 4 5 6 7 Very satisfied

Expectations Regarding Therapy

In your own words, what do you think therapy is all about?

How long do you think therapy should last?

What are your goals for therapy?

Any significant events, experiences, or memories you would like to share at this time? Anything else you think your therapist should know as therapy begins?