

## **Center for Therapeutic Services and Psychodiagnostics**

It is our Goal at the Center for Therapeutic Services and Psychodiagnostics to provide you with the best services possible. In order to do so, we try to get to know about you as a person. Although you may be seeking services for a particular problem, we need a larger frame of reference. Attached are some questions to help us get the “big picture”. Please fill out as much of it as you are comfortable doing and bring it to your next session. If you are not comfortable filling it out, then please think about these questions and be prepared to discuss them with your therapist. Of course, what you are comfortable sharing is completely up to you, we are just trying to gather information to help determine the best course of treatment.

## Adult Personal History

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

1. Please tell me why you are seeking counseling at this time. What problem(s) are you seeking help for? How long has this been a problem? Was there something which led up to it? Do you feel that it is impacting your relationships (if so how)? Do you feel that it is affecting your work performance (if so explain)? What are you hoping to get out of counseling? How did you hear about/choose to seek counseling at Center for Therapeutic Services & Psychodiagnostics? (Note: If you need more space please use the back or attach information).

2. Please tell me about your current living situation. For example, do you own or rent a home or an apartment, are you living in a relative's home, etc.
  
3. List all household member names and their relationship to you as well as their age. How well do you get along with each of the people you live with?

	Name	Relationship	Age	Quality of Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

4. Is there anyone else in your life not listed above who is very special/significant to you?

	Name	Relationship	Age	Quality of Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

5. Please tell me about the family you grew up in. Were you adopted? Who was a part of this family? (Example: I lived with my grandparents, my parents and 2 siblings). Did any of these people, or do they currently, have any significant health problems? Any mental illness? Any substance abuse? Was there any physical, sexual, or emotional abuse going on? Who did it involve? What were the conditions of the home you grew up in? (ex; The home was clean but it was very tension filled).



9. Please tell me about your education and work history:  
What is the highest level of education achieved?  
Did you have any learning difficulties/disabilities?  
Where have you worked?  
For how long? Doing what?

10. Is there anything else that you would like me to know which may be helpful in your treatment?