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Biographical Information – Adult Intake Form

Please fill out the biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Office Policies and Procedures form. If you choose not to answer any question, merely write “do not care to answer.” Please write clearly and bring it with you to the first session.

NAME: _____ **SEX:** _____ **AGE:** _____ **DATE:** _____

DATE OF BIRTH/PLACE: _____

ADDRESS: _____

TELEPHONE: H: _____ **W:** _____ **CELL:** _____

EMAIL: _____ **REFERRAL SOURCE:** _____

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

OCCUPATION (Former if retired): _____

WHAT BRINGS YOU TO THERAPY: _____

HOW WOULD YOU RATE THINGS: Mild _____ **Moderate** _____ **Severe** _____ **Very Severe** _____

MARITAL STATUS: _____ **LIVE WITH SOMEONE:** _____ **NAME:** _____ **YEARS:** _____

PAST & PRESENT MARRIAGE/S (Years together, names and statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

CHILDREN (Names/ages and brief statement on your relationship with the person):

1. _____

2. _____

3. _____

PARENTS/STEP-PARENTS (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

FATHER: _____

MOTHER: _____

OTHER: _____

SIBLINGS (Names/ages, if dead: age & cause of death and brief statement about the relationship):

1. _____

2. _____

3. _____

4. _____

5. _____

MEDICAL DOCTOR/S (Name/phone): _____

PAST/PRESENT MEDICAL CARE (Major physical problems, surgeries, illness, head injuries, falls):

DID ILLNESS/ACCIDENT REQUIRE EMERGENCY TREATMENT:

WHERE: _____ **DATE:** _____

SPECIFY ALL MEDICATIONS YOU ARE PRESENTLY TAKING AND FOR

WHAT: _____

PAST/PRESENT DRUG/ALCOHOL ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR

(Describe ages, reason, circumstances, how, etc.):

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc.):

FAMILY RELIGIOUS BACKGROUND

ARE YOU SATISFIED/DISSATISFIED WITH YOUR SEX LIFE, EXPLAIN:

ARE YOU SATISFIED/DISSATISFIED WITH YOUR EATING HABITS, EXPLAIN:

LIST 5 FOODS YOU EAT MOST OFTEN:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

DESCRIBE YOUR CHILDHOOD & ADOLESCENCE IN GENERAL (Relationships with parents, siblings, others, neighbors, relocations, any school behavioral problems, abusive/alcoholic parent):

IF PARENTS DIVORCED: Your age at the time: _____, Describe how it affected you at the time:

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (Including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

WHAT GIVES YOU THE MOST JOY OR PLEASURE IN YOUR LIFE?

WHAT ARE YOUR MAIN WORRIES AND FEARS?

WHAT ARE YOUR MOST IMPORTANT HOPES AND FEARS? _____

PAST/PRESENT PSYCHOTHERAPY (1. Specify month, year, beginning to end, and estimated number of sessions. 2. Name degree, phone and address. 3. Initial reason for therapy, individual, family, couple, medication. 4. Brief description of the relationship and how helpful it was, and how/ why it ended):

1. _____

2. _____

SIGNATURE: _____ DATE: _____