BIOGRAPHICAL INFORMATION-INTAKE FORM

South FL Center for Growth & Healing

Susanne R. Mealer, LCSW, CHT

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

NAME: _____ **MALE/FEMALE:** ____ **DATE:** _____

DATE OF BIRTH/PLACE: _____ **AGE:** _____

ADDRESS: _____

TELEPHONE: H: _____ **Cell:** _____ **W/Off:** _____

PREFERRED PHONE #_____ **OK TO LEAVE A MESSAGE AT THIS NUMBER?**

YES **NO**

WOULD YOU LIKE TO RECEIVE E-MAIL NOTIFICATIONS FOR INFORMATION SUCH AS APPOINTMENT NOTIFICATIONS AND PRACTICE UPDATES?

YES **NO** **E-mail:** _____

WOULD YOU LIKE TO RECEIVE MY MONTHLY E-MAIL NEWSLETTER CONTAINING INFORMATION ABOUT FAMILIES, RELATIONSHIPS, MENTAL HEALTH AND WELLNESS/

YES **NO** **E-mail:** _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____

HIGHEST GRADE/DEGREE: _____ **TYPE OF DEGREE:** _____

PERSON & PHONE NO. TO CALL IN EMERGENCY:_____

REFERRAL SOURCE: _____

OCCUPATION (former if retired): _____

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect you…):

Estimate the severity of above problem: Mild-Moderate-Severe-Very severe

CURRENT: Marital status: _____**Live with someone:**_____ **Name:** _____**Years:** _____

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

PRESENT SPOUSE/PARTNER: Education: _____ Occupation: _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

1._____

2._____

3._____

4._____

5._____

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

Father:

Mother:

Step-parents:

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

1._____

2._____

3._____

4._____

5._____

MEDICAL DOCTOR/S (name /phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

SPECIFY MEDICATION/S you are presently taking and for what. PRINT clearly:

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

SUICIDE ATTEMPT/S. SELF HARM, SELF INJURY or **VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc)

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

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended)**:**

1.

2.

3.

USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS

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

HX OF TRAUMA: Please circle Physical Emotional Sexual Spiritual Abandonment

Explain briefly:

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.):

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

What gives you the most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?

Please add on the other side of the page or on a separate page any other information you would like me to know about you and your situation.