## BIOGRAPHICAL INFORMATION-INTAKE FORM

**Daniel R. Davis, M.A., LMFT**

**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: _____ SOCIAL SECURITY NUMBER_____**

**STREET ADDRESS:_____**

**CITY/STATE/ZIP CODE:_____**

**TELEPHONE: H: _____ Cell: _____**

**W/Office: _____ FAX: _____**

**FOR ROUTINE MESSAGES: Phone #_____**

**E-mail: _____**

**FOR CONFIDENTIAL/PRIVATE MESSAGES:**

**Phone #_____ E-mail: _____**

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

**SCHOOL:_____**

**PERSON & TO CALL IN EMERGENCY:_____**

PHONE NUMBER:_____

**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: _____ Birthdate:**_____

**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, head injuries, illness):

_____
_____
_____
_____

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

_____

_____

_____

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

_____
_____
_____
_____

**SUICIDE ATTEMPT/S** 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):

_____
_____
_____
_____
_____
_____
_____

**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**