THE CENTER FOR Relational HEALING

11340 West Olympic Blvd.
Suite 203 & Suite 330
Los Angeles, California 90064

Biographical Information Form

Instructions: To assist us in helping you, please fill out this form as fully and openly as possible. All private information is held in strictest confidence. If certain questions do not apply to you, please leave them blank.

PERSONAL HISTORY

1) Name: _____ 2) Age: _____ 3) Sex: ☐ M ☐ F

4) Address:_____

Street Numbers City State Zip

5) Today's Date: ___ -___-___ 6) Date of Birth: ___-___-___

7) Home Phone: ____-____-_____ 8) Business Phone: ____-____-_____

9) Years of Education: ____ 10) Occupation: _____

11) Present Relationship Status (Check any that apply):

☐ Married or in a primary relationship. ☐ Dating: ☐ one person ☐ several persons

☐ Single: How long ___years. ☐ Other

☐ In a new relationship (6 months or less).

12) If in a primary relationship or married: do you live with your spouse? ☐ Yes ☐ No

13) If in a primary relationship or married: I have been in a primary relationship with this person for ____ years.

COUNSELING HISTORY

14) Are you presently receiving other counseling services?: ☐ Yes ☐ No

If Yes, please briefly describe: _____

_____

15) Have you received counseling in the past?: ☐ Yes ☐ No

If Yes, please briefly describe: _____

_____

16) What is your main reason for coming to counseling: _____

_____

_____

17) How long has this problem persisted (from #16)?: _____

18) Under what conditions do your problems usually get worse?: _____

_____

19) Under what conditions are your problems usually improved?: _____

_____

20) How did you hear about this clinic, or who referred you?: _____

MEDICAL HISTORY

21) Name & address of your physician(s):

a. Physician's name: _____

Address: _____

b. Physician's name: _____

Address: _____

22) List any major illnesses and/or operations you have had: _____

_____

_____

23) List any physical concerns you are presently having: (e.g. high blood pressure, headaches, dizziness, etc.) _____

_____

24) List any physical concerns you have experienced in the past: _____

_____

_____

25) When was your last complete physical exam?: _____

Results of physical exam: _____

26) On average how many hours of sleep do you get per day?: _____

27) Do you have trouble falling asleep at night?; ☐ Yes ☐ No

28) Have you gained/lost over ten pounds in the past year?: ☐ Yes ☐ No

29) Describe your appetite (during the past week):

☐ poor appetite ☐ average appetite ☐ high appetite

30) What medication are you taking presently, and for what purpose?: _____

_____

_____

_____

RELIGIOUS CONCERNS

31) What is your present religious affiliation?:

☐ Christian (please specify) _____ ☐ None, but I believe in God

☐ Jewish ☐ Atheist or Agnostic

☐ Muslim ☐ Pagan/Wiccan

☐ Buddhist ☐ Other (please specify) _____

32) How important is religious commitment to you?:

Unimportant Average Importance Extremely Important

1 2 3 4 5 6 7 8 9 10

33) Do you desire having your religious beliefs and values incorporated into the counseling process?: ☐ Yes ☐ No ☐ Not Sure

(If yes, please explain) _____

FAMILY HISTORY

34) Mother's age: ____ if deceased, how old were you when she died?: _____

35) Father's age: ____ if deceased, how old were you when he died?: _____

36) If your parents are separated or divorced, how old were you then?: _____

37 Number of brother(s): _____ Their ages: _____ _____ _____ _____ _____ _____

38) Number of sister(s): _____ Their ages: _____ _____ _____ _____ _____ _____

39) I was child number _____ in a family of _____ children.

40) Were you adopted or raised with parents other than your natural parents?: Yes _____ No_____

41) Briefly describe your relationship with your brothers and/or sisters: _____

_____

_____

_____

42) Which of the following best describes the family in which you grew up?

WARM & ACCEPTING				AVERAGE					HOSTILE AND FIGHTING
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

43) Which of these describes the way in which your family raised you?:

ALLOWED ME TO BE VERY INDEPENDENT				AVERAGE					ATTEMPTED TO CONTROL ME
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

<u>YOUR MOTHER</u> (or mother substitute)

44) Briefly describe your mother: _____

_____

45) How did she discipline you?: _____

_____

46) How did she reward you?: _____

_____

47) How much time did she spend with you when you were a child?

☐ Much ☐ Average ☐ Little

48) Your mother's occupation when you were a child:

☐ Stayed home ☐ Worked outside part-time ☐ Worked outside full-time

49) How did you get along with your mother when you were a child?:

☐ Poorly ☐ Average ☐ Well

50) How do you get along with your mother now?:

☐ Poorly ☐ Average ☐ Well

51) Did your mother have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development?: ☐ Yes ☐ No

(if Yes, please describe) _____

_____

52) Is there anything unusual about your relationship with your mother?: ☐ Yes ☐ No

(if Yes, please describe) _____

_____

53) Describe overall how your mother treated the following people as you were growing up:

(Circle one answer for each)

YOUR MOTHER'S TREATMENT TO	Poor				Average					Excellent
a. YOU	1	2	3	4	5	6	7	8	9	10
b. YOUR FAMILY	1	2	3	4	5	6	7	8	9	10
c. YOUR FATHER	1	2	3	4	5	6	7	8	9	10

YOUR FATHER (or father substitute)

54) Briefly describe your father: _____

_____

55) How did he discipline you?: _____

_____

56) How did he reward you?: _____

_____

57) How much time did he spend with you when you were a child?

☐ Much ☐ Average ☐ Little

58) Your father's occupation when you were a child:

☐ Stayed home ☐ Worked outside part-time ☐ Worked outside full-time

59) How did you get along with your father when you were a child?:

☐ Poorly ☐ Average ☐ Well

60) How do you get along with your father now?:

☐ Poorly ☐ Average ☐ Well

61) Did your father have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development?: ☐ Yes ☐ No

(if Yes, please describe) _____

_____

62) Is there anything unusual about your relationship with your father?: ☐ Yes ☐ No

(if Yes, please describe) _____

_____

63) Describe overall how your father treated the following people as you were growing up:

(Circle one answer for each)

YOUR FATHER'S TREATMENT TO	Poor				Average					Excellent
a. YOU	1	2	3	4	5	6	7	8	9	10
b. YOUR FAMILY	1	2	3	4	5	6	7	8	9	10
c. YOUR MOTHER	1	2	3	4	5	6	7	8	9	10

THOUGHTS AND BEHAVIORS

64) Please check how often the following thoughts occur to you:

- Life is hopeless ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
- I am lonely ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
- No one cares about me ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
- I am a failure ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently
- Most people don't like me ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently

• I want to die	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I want to hurt someone	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am so stupid	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am going crazy	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I can't concentrate	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am so depressed	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• God is disappointed in me	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I can't be forgiven	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• Why am I so different?	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I can't do anything right	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• People hear my thoughts	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I have no emotions	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• Someone is watching me	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I hear voices in my head	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently
• I am out of control	☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

PLEASE COMMENT (e.g., examples frequency, duration, their effects on you) ABOUT EACH OF THE ABOVE THOUGHTS WHICH OCCUR FREQUENTLY. Use the back of this sheet if necessary.

_____

_____

_____

_____

SYMPTOMS

65) Check any behaviors and symptoms you have that occur more often than you would like.

☐ Aggression	☐ Avoiding people	☐ Dizziness	☐ Hallucinations
☐ Alcohol dependence	☐ Chest pain	☐ Drug dependence	☐ Heart palpitations
☐ Anger	☐ Depression	☐ Eating disorder	☐ High blood pressure
☐ Antisocial behavior	☐ Disorientation	☐ Elevated mood	☐ Hopelessness
☐ Anxiety	☐ Distractibility	☐ Fatigue	☐ Impulsiveness

☐ Irritability

☐ Judgment errors

☐ Loneliness

☐ Memory impairment

☐ Mood shifts

☐ Panic attacks

☐ Phobias/fears

☐ Recurring thoughts

☐ Sexual difficulties

☐ Sick often

☐ sleeping problems

☐ Speech problems

☐ Suicidal thoughts

☐ Thoughts disorganized

☐ Trembling

☐ Withdrawing

☐ Worrying

☐ Other (specify) _____

_____

_____

GIVE EXAMPLES OF HOW EACH OF THESE WHICH YOU CHECKED IMPAIR FUNCTIONING (e.g., socially, emotionally, occupationally, physically, etc. (Use the back of this sheet if necessary).

_____
_____

66) List your five greatest strengths:

1. _____
2. _____
3. _____
4. _____
5. _____

67) List your five greatest weaknesses:

1. _____
2. _____
3. _____
4. _____
5. _____

68) List your main social difficulties _____

_____

_____

69) List your main love and sex difficulties: _____

_____

_____

70) List your main difficulties at school or work: _____

_____

_____

71) List your main difficulties at home: _____

_____

_____

72) List your behaviors that you would like to change: _____

_____

_____

_____

73) Additional information you believe would be helpful: _____

_____

_____

_____