

You Deserve Happiness

Anna Haven Behavioral
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West Haven , Ct 06516

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North Haven , Ct 06473

BIOGRAPHICAL CLIENT INFORMATION INTAKE FORM

Please fill out this biographical background form as completely as possible. This form will assist Dr./Ms./Mr. XXX in your 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 questions, merely write, "Do not care to answer." If you are not aware of the information, indicate "Unknown." Please print or write clearly and bring this form with you to the first session.

NAME: _____ **GENDER:** _____ **DATE :** _____

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

ADDRESS: _____

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

FOR ROUTINE MESSAGES: Phone # _____ **E-mail:** _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____ **E-mail:** _____

SOCIAL SECURITY NO.: _____

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

PERSON & PHONE NUMBER TO CALL IN EMERGENCY: _____

RELATIONSHIP OF EMERGENCY CONTACT TO CLIENT: _____

IS A RELEASE OF INFORMATION SIGNED FOR THIS INDIVIDUAL? _____

REFERRAL SOURCE: _____

OCCUPATION (former, if retired)/**STUDENT** (list full-time or part-time): _____

PRESENTING PROBLEM (be as specific as you can: when did the problem start, how does it affect you, etc.):

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

CURRENT: Marital status: _____ **Cohabitation:** _____ **Name:** _____ **Years:** _____

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

PRESENT SPOUSE/PARTNER: Name: _____

Education: _____ **Occupation:** _____

CHILDREN/STEP-CHILDREN/GRANDCHILDREN (names/ages & brief statement on your relationship with each individual)

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

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

Father: _____

Mother: _____

Step-parents: _____

SIBLINGS (name/age; if deceased, 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 you are presently taking and for what. PRINT clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, past/present treatment and efficacy of):

SUICIDE ATTEMPTS/SELF-INJURIOUS BEHAVIOR/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 activities, quality, frequency, etc.):

PAST/PRESENT THERAPY (specify: month/year (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind./Couple/Family therapy, medication, brief description of the therapeutic relationship and how it was/was not helpful, and how/why it ended):

1. _____

2. _____

3. *USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT THERAPY*

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

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

FAMILY HISTORY OF SUBSTANCE USE/ABUSE, PSYCHIATRIC ISSUES/MENTAL ILLNESS, OR VIOLENCE (including but not limited to suicide, depression, hospitalizations in mental institutions, abuse, therapy and treatment, etc.):

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION, LAWSUITS OR DIVORCE OR CUSTODY DISPUTES? (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 you most important hopes and dreams?

What do you hope to get out of our work together?

Please include any additional information you would like me to know about you and your present situation below: