APOGEE COUNSELING ASSOCIATES

3110 CAMINO DEL RIO SOUTH, STE. 220
SAN DIEGO, CA 92108

Date_____

Personal History Information

Client's Name _____ Referred By _____
Address _____ Phone _____
City/State/Zip _____ Birthdate _____
Age _____Occupation _____ Employed by_____
Social Security # _____Business Phone _____

Family of Origin

Were you raised by your natural parents? _____ If no, explain: _____
_____
_____

Father: Living _____ Age _____ Deceased _____ Age at death _____
Cause of death _____ Occupation _____
Describe your relationship/significant interaction with your Father.
_____
_____
_____

Mother: Living _____ Age _____ Deceased _____ Age at death_____
Cause of death _____ Occupation_____
Describe your relationship/significant interaction with your Mother.
_____
_____
_____

Which parent were your emotionally closer to? _____
Were any other persons involved in providing parenting for you as you were growing up?
_____Describe_____
_____

Siblings: List ages and current geographic locations of your brother(s).

_____

List ages and current geographic locations of your sister(s)._____

_____

Which siblings were you closest to growing up?_____

_____

Do you believe that your family was emotionally close as you were growing up?_____

Describe: _____

Describe any past and/or present use of alcohol and/or drugs by other family members, including dependence or abuse, and any treatment of such: _____

_____

_____

Describe any hospitalization or treatment of mental/emotional problems of family members:

_____

_____

Cultural Background

Race (Optional): _____ Do you speak any other languages?_____

Do you have any speaking, reading, or writing problems ? _____

Were you raised in an urban or rural setting? _____ Please describe any cultural considerations which you believe may affect your counseling._____

_____

_____

Education and Religious History

How far did you get in school? _____ If you did not complete high school, why?

_____

_____

What kind of grades did you make? _____

What kind of classes did you do particularly well in? _____

What kind of classes did you have the most trouble with? _____

What kinds of extracurricular activities did you participate in? _____

What is your church affiliation? (Optional) _____

Have you had any bad experiences with church or religion?_____ Describe:_____

_____

Please describe any spiritual or religious information you believe to be pertinent to your counseling._____

_____

Work History

What are your work skills? _____

Are you satisfied with your current job? _____ Describe: _____

_____

What kind of relationships do you have with your boss and/or coworkers?_____

_____

Describe any problems at work which may be causing or contributing to emotional problems or stress currently: _____

_____

How long have you been at your present job? _____ If unemployed, how long? _____ Do you have financial problems which are causing stress?_____ Describe

_____

_____

Medical History

Describe your current physical health. _____

List any known allergies _____

List, date, and briefly describe all surgeries, accidents, or major illnesses.

_____

_____

_____

(Females) Do you have PMS or menstrual problems? _____ Describe:

_____

Please review the following symptoms and put a **"P"** before the symptoms you have experienced in the past and a **"C"** before the symptoms you are currently experiencing.

___ Memory loss	___ Anxiety/tension	___ Confusion
___ Loss of interests	___ Fatigue/Weakness	___ Hallucinations
___ Appetite change	___Weight gain/loss	___ Delusions
___ Concern for physical health	___Temper	___ Feelings of
___ Mind racing	___Inability to focus	unreality
___ Worry/fear	___ Night mares	___ Paranoia
___ Difficulty getting to sleep	___Difficulty staying asleep	___ Extreme

___ Mood swings ___ Sleeping too much social withdrawal
___ Phobia _____ ___ Sadness/depressed mood ____ Agitation
___ Inability to experience joy ___ Feelings of worthlessness ____ Easily startled
___ Chronic physical pain ___ Fear of losing control ____ Panic attacks

Have you ever attempted suicide? _____ If yes, give dates, circumstances surrounding attempt(s), and what happened._____
_____

Have you thought about suicide recently? _____ If yes, give dates and circumstances surrounding those thoughts._____
_____
_____

List previous psychological, psychiatric, or substance abuse treatment (in-patient or out-patient). Give dates, locations and names of therapists/psychiatrists_____
_____

Diagnosis if known: _____ Have you had any prior "bad" experiences with counseling and/or treatment? _____ Describe:_____
_____

Are you currently on any medication? _____ List_____
_____

List all current and past prescriptions for mood/mind altering medications. Indicate whether current or past with dates _____
_____

Name and location of your current primary physician _____
_____

Marital History

Current marital status _____ Number of marriages _____ List age at each marriage and length of marriage _____
Number of pregnancies _____ Abortion(s) _____ Ages and gender of your children
_____

Are your children living with you? _____ If no, describe: _____
_____

Do your children present any major problems or concerns? _____ Describe

_____

_____

Describe your perception of the current state of your marriage_____

_____

_____

Does your spouse drink/use drugs? _____ Do you believe your spouse to have an alcohol or drug problem? _____ Is your spouse emotionally, physically, or sexually abusive? ___
Describe:_____

_____

Alcohol and/or Drug History

Do you drink?___ Do you use drugs? ____ If yes, at what age did you first start using alcohol/drugs? _____When was your last drink/drug? _____ List the drugs, including alcohol that you have used_____

_____

Which drug(s), including alcohol, are you presently using?_____

_____

How many drinks do you usually consume in a sitting? _____
How often do you drink? _____
Have you found that you need to drink/use more to achieve the same results? ____
Has the effect of the alcohol/drugs decreased while continuing to use the same amount? ____
Have you ever felt that you should cut down on your drinking?____
Have you ever tried to cut down or control your use of alcohol/drugs?_____
When you have quit drinking have you experienced detox symptoms? ____
Have you attempted to avoid withdrawal or detox symptoms by using the same substance or another?____
Have you taken more alcohol/drugs than you intended or used alcohol/drugs over a larger period of time than you intended? _____
Have you spent a lot of time in obtaining, using, or recovering from use of alcohol/ drugs? ___
Have you given up important social, occupational, or recreational activities because of your drinking/using? ___
Have you continued to use alcohol/drugs despite knowledge of physical or psychological problems connect to it? ___

Do you believe that you have a problem with alcohol or other drugs? _____
Has any significant other person in your life been concerned about your drinking/ using?___ Who?_____
Have people annoyed you by criticizing your drinking? ___
Have you ever felt guilt or bad about your drinking? ___
Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? ___
Have you ever had a "blackout"?____
Have you ever been arrested for DWI/DUI or public intoxication? _____
When _____ What was the outcome? _____
Do you have any pending court dates? ____ When? _____
Have you ever been treated for alcoholism/chemical dependency? _____ If yes, list treatment facilities and dates of treatment:_____
How long were you able to maintain sobriety? _____ What was your reason for trying to stop drinking/using? _____
During detox, have you ever experienced the following: DTs _____ Seizures or convulsions _____. List any other major withdrawal symptoms you have experienced:
_____
Are you an active member of AA? _____ What is your opinion of it? _____
Is your spouse involved in AA, NA, EA, Al-Anon, or any other 12 step program?_____
Are any other family members involved in AA, NA, EA, Al-Anon, or any other 12 step program? _____If "recovering", do you have a sponsor? _____ How many meetings do you attend weekly _____

Legal Problems

List dates and circumstances of any recent or prior arrests_____
_____
_____
Are you currently on probation or parole? _____ List any legal problems (divorce, bankruptcy, lawsuits, etc.) which may pertain to stress in your life or may in any way pertain to your counseling: _____
_____

Strengths and Assets

Make a list of strengths that you bring to counseling with you that you believe will help you attain your counseling goals. Examples: Ability to be flexible, willingness to try something new, hard worker, loving husband and kids, stable job, etc. _____

_____

_____

_____

Present Concerns

In a few words, please tell why you are seeking counseling_____

_____

_____

_____

_____