sonoran healing center

PERSONAL HISTORY

Please fill out this form as fully and openly as possible. This information is confidential and will not be released without your consent. If certain items do not apply to you, please leave them blank.

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

4) Address:_____

Street City State Zip

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

7) Years of Education: _____ 8) Occupation: _____

9) Present Relationship Status (check any that apply):

Married/partnered_____ Dating: How long? ____years

Single: How long ____years Other

In a new relationship (6 months or less)_____

10) If married/partnered, do you live with your spouse/partner? Yes No

11) If married/partnered, I have been in this relationship for _____ years

12) **Names and ages of Siblings and your age at present**:

1._____2._____

3._____4._____

5._____6._____

13) I was child number _____ of _____ children.

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? _____

_____

_____

Substance Use or Abuse History

17) Are you currently working on limiting other compulsive behaviors, or do you have any history of other Compulsive Behaviors or Addictions? Yes_____ No_____

If Yes, please note all the following that apply

Compulsive use of Alcohol:_____

Compulsive **Substance Abuse**, (specify substance):_____

Alcohol or other drug **Dependency**: _____

Compulsive **Gambling**:_____

Compulsive **Spending**:_____

Compulsive **Work**:_____

Eating Disorders:_____

Other, specify:_____

Family History

18) **Mother's age**:___ If deceased, how old were you when she died?_____

19) **Father's age**:____ If deceased, how old were you when he died?_____

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

21) Were you adopted or raised with parents other than your natural parents? Yes No

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

Warm/accepting *Average* *Hostile/fighting*

1 2 3 4 5 6 7 8 9 10

23) 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

Your Mother (or Substitute Mother)

24) Briefly describe your mother: _____

_____

25) How did she discipline you? _____

_____

26) How did she reward you? _____

_____

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

Much Average Little

28) Your mother's employment when you were a child:
Stayed home Worked outside part-time Worked outside full-time

29) Did your mother have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? Yes No
If yes, please describe: _____

Your Father (or Substitute Father)

30) Briefly describe your father: _____

31) How did he discipline you? _____

32) How did he reward you? _____

33) How much time did he spend with you when you were a child?
Much Average Little

34) Your father's employment when you were a child:
Stayed home Worked outside part-time Worked outside full-time

35) Did your father have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? Yes No
If yes, please describe: _____

Religion/Spirituality

36) What is your present religious affiliation?

Christian (please specify)	None, but I believe in God
Jewish	Agnostic
Islam	Atheist
Buddhist	Other (please specify)

37) How important is religious commitment to you?:

Unimportant				*Average Importance*					*Extremely Important*
1	2	3	4	5	6	7	8	9	10

Medical History

38) Name and address of your physician

_____

_____

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

_____

_____

40) When was your last complete physical exam? _____
Results of physical exam: _____

_____

41) What medication are you taking presently and for what purpose? _____

_____

_____

_____

Thoughts and Behaviors

42) 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. Feel free to use the back of this sheet if necessary.

_____

_____

_____

_____

SYMPTOMS

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

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

_____

_____