

# LIFE HISTORY QUESTIONNAIRE

IDENTIFYING, EMERGENCY & REFERRAL INFORMATION*						
First Name			Middle Name		Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Age	Date of Birth	Hair Color	Eye Color	Weight	Height	
Phone Number	Street Address (and apartment number, if necessary)			City, State, & Zip Code		
Social Security Number		Ethnicity <input type="checkbox"/> White (Caucasian) <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Other _____				
Insurance Provider and Policy Number				Emergency Contact Name and Phone Number		

CHIEF COMPLAINT

FAMILY HISTORY		
Where were you born? (City, State)	Who primarily raised you?	Briefly describe your childhood.
Marital Status? <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		List the name(s) of your spouse or ex-spouse.
List the names and ages of your children		
Spiritual or Cultural involvement/beliefs that may impact therapy		
Describe any family history of psychological problems, including substance abuse.		
Have you ever been physically abused?		Have you ever been sexually abused?

EDUCATIONAL HISTORY*		
Level of Education	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED _____ (year) <input type="checkbox"/> Technical Training <input type="checkbox"/> College Degree _____ <input type="checkbox"/> Other _____	If you did not graduate high school, explain why.
Were you ever suspended or expelled?		Have you ever taken special education classes?