

# Personal History

Date of first appointment \_\_\_\_\_

Name \_\_\_\_\_ Referred by \_\_\_\_\_

Concerns, issues, and/or symptoms that prompt you to seek consultation:

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Are these problems similar to past problems? Yes/No Describe. \_\_\_\_\_

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Describe situations at work/school which have created problems for you at this time/in the past.

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Have you ever had psychiatric services, psychological assessment, appraisal or therapy?

Describe. \_\_\_\_\_

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Is there a history of sexual/physical abuse? Yes/No

Is there a history of mental illness and/or suicidal behavior and/or addiction in your family?

Yes/No Describe. \_\_\_\_\_

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Marital Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Spouse's occupation/place of employment \_\_\_\_\_

Your occupation/place of employment \_\_\_\_\_

## Physical Data

Height \_\_\_\_\_ Weight \_\_\_\_\_ General Condition of Health \_\_\_\_\_

Describe physical problems and/or physical irritations, complaints: \_\_\_\_\_

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List prescription and non-prescription medications you take on a regular basis: \_\_\_\_\_

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List surgeries, illnesses and accidents: \_\_\_\_\_

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## General Information

Total years of education \_\_\_\_\_ Current academic status \_\_\_\_\_

Interests, leisure activities, hobbies \_\_\_\_\_

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Books, periodicals read \_\_\_\_\_

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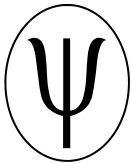
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National Register of  
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