www.livingwellcc.com

LIFE HISTORY FORM
Please only use a pen when completing this form.

First appointment date: ____/_____/_____
First appointment time: ____:____A.M./P.M

PLEASE READ THROUGH THIS ENTIRE FORM BEFORE FILLING IT OUT. THANK YOU.

For Office Use Only	**Date Received: _____** **Notes:**

PURPOSE The purpose of this life history is to obtain a comprehensive picture of your background. Please complete the form as fully and accurately as you can by yourself. Your counselor will keep this record strictly confidential, and the information is not available to anyone without a court order or **your written permission**. Information unknown to a child may be entered by an adult**.)**

TODAY'S DATE: _____/_____/_____ **By what name would you like to be called?**_____

NAME_____ **PHONE (home): (_____)_____/_____**

First Middle Last **(work): (_____)_____/_____**

May we call you at work? ❑ Yes ❑ No Cell phone:_____

FAX**:** (_____)_____/_____

Which phone number is more appropriate to receive an appointment reminder? _____

MAILING ADDRESS _____**E-MAIL**: _____

CITY_____**STATE**_____ **ZIP/POSTAL CODE** _____

AGE:_____**BIRTH DATE**:_____/_____/_____

Emergency contact person _____**PHONE (home): (_____)_____/_____**

RELATIONSHIP_____ **PHONE (work): (_____)_____/_____**

STREET ADDRESS _____**Apt:**_____

CITY _____**STATE/PROV** _____ **COUNTRY**_____

ZIP/POSTAL CODE_____

Religion/Denomination: _____ Place of Worship: _____
Worship Attendance (check one): ❑ Regular ❑ Occasional ❑ Not at All

I learned about or was referred to Living Well Counseling & Consulting by _____

How strongly do you want help for your problem? (check one) ❑ Very much ❑ Moderately ❑ Could do without

Primary Care Physician:_____ Phone number:_____

Psychiatrist:_____ Phone number:_____

761 N Thornton St Post Falls, ID 83854 208-457-1999
livingwellcc@gmail.com

NEED FOR COUNSELING

State in your own words the nature of your concern. What is it that you need? What do you want to accomplish?

If your problem is cyclical or has a pattern to it, state approximately how often it occurs and how long it lasts.

If you have had previous counseling for this problem, state with whom and describe the outcome.

Have you ever been diagnosed with a mental illness or disorder? If so, please explain.

Has it ever been **suggested** you be tested for: ☐Bi-Polar ☐Borderline Personality Disorder

☐Dissociation/DID ☐Depression ☐Schizophrenia ☐Other:_____

Bio-Psychosocial History

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

None □ This symptom not present at this time • **Mild** □ Impacts quality of life, but no significant impairment of day-to-day functioning **Moderate** □ Significant impact on quality of life and/or day-to-day functioning • **Severe** □ Profound impact on quality of life and/or day-to-day functioning

Symptom	**Impact**				**Symptom**	**Impact**			
	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Aggressive	[ ]	[ ]	[ ]	[ ]	Mood Swings	[ ]	[ ]	[ ]	[ ]
Agitation	[ ]	[ ]	[ ]	[ ]	Obsessions/Compulsions	[ ]	[ ]	[ ]	[ ]
Anorexia	[ ]	[ ]	[ ]	[ ]	Oppositional Behavior	[ ]	[ ]	[ ]	[ ]
Appetite Disturbance	[ ]	[ ]	[ ]	[ ]	Panic Attacks	[ ]	[ ]	[ ]	[ ]
Bingeing/Purging	[ ]	[ ]	[ ]	[ ]	Paranoia	[ ]	[ ]	[ ]	[ ]
Conduct Problems	[ ]	[ ]	[ ]	[ ]	Phobias	[ ]	[ ]	[ ]	[ ]
Constipation	[ ]	[ ]	[ ]	[ ]	Physical Trauma	[ ]	[ ]	[ ]	[ ]
Delusions	[ ]	[ ]	[ ]	[ ]	Poor Concentration	[ ]	[ ]	[ ]	[ ]
Depressed mood	[ ]	[ ]	[ ]	[ ]	Poor Grooming	[ ]	[ ]	[ ]	[ ]
Dissociative States	[ ]	[ ]	[ ]	[ ]	Self Mutilation	[ ]	[ ]	[ ]	[ ]
Elevated Mood	[ ]	[ ]	[ ]	[ ]	Sexual Dysfunction	[ ]	[ ]	[ ]	[ ]
Emotional Trauma	[ ]	[ ]	[ ]	[ ]	Sexual Trauma	[ ]	[ ]	[ ]	[ ]
Emotionally unstable	[ ]	[ ]	[ ]	[ ]	Significant weight gain/loss	[ ]	[ ]	[ ]	[ ]
Fatigue/low energy	[ ]	[ ]	[ ]	[ ]	Sleep Disturbance	[ ]	[ ]	[ ]	[ ]
Generalized Anxiety	[ ]	[ ]	[ ]	[ ]	Social Isolation	[ ]	[ ]	[ ]	[ ]
Grief	[ ]	[ ]	[ ]	[ ]	Somatic complaints	[ ]	[ ]	[ ]	[ ]
Guilt	[ ]	[ ]	[ ]	[ ]	Substance abuse	[ ]	[ ]	[ ]	[ ]
Hallucinations	[ ]	[ ]	[ ]	[ ]	Worthlessness	[ ]	[ ]	[ ]	[ ]
Hopelessness	[ ]	[ ]	[ ]	[ ]	Other:_____	[ ]	[ ]	[ ]	[ ]
Hyperactivity	[ ]	[ ]	[ ]	[ ]	Other:_____	[ ]	[ ]	[ ]	[ ]
Irritability	[ ]	[ ]	[ ]	[ ]	Other:_____	[ ]	[ ]	[ ]	[ ]
Laxative/Diuretics	[ ]	[ ]	[ ]	[ ]					
Loose Associations	[ ]	[ ]	[ ]	[ ]					

EMOTIONAL/PSYCHIATRIC HISTORY

[ ] [ ] Prior outpatient psychotherapy?

No Yes If yes, on _____occasions. Longest treatment by _____ for ____ sessions from __/_____ to _____/_____
Provider Name Month/Year Month/Year

Prior provider name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?

[ ] [ ] Has any family member had outpatient psychotherapy? If yes, who/why (list all):_____

No Yes _____

[ ] [ ] Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?

No Yes If yes, on _____occasions. Longest treatment at _____ from __/_____ to _____/_____
Name of facility Month/Year Month/Year

Inpatient facility name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?

[ ] [ ] Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes,

No Yes who/why (list all):_____

[ ] [ ] Prior or current psychotropic medication usage? If yes:

No Yes	Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?

[ ] [ ] Has any family member used psychotropic medications? If yes, who/what/why (list all):_____

No Yes _____

BEGINNINGS

Place a check mark in front of all that apply to you, or write the facts as they pertain to each item.

❒ I was a wanted baby. How do you know?

❒ I was adopted _____❒ days ❒ weeks ❒ months ❒ years after being born.

❒ Birth mother and natural father were **married to each other** before my conception

❒ Birth mother and natural father were **not happily married** during my time in the womb

❒ Natural father was gone much of the time while I was in the womb

❒ Birth mother and /or natural father were grieving the loss or potential loss of a loved one during my womb life

❒ Birth mother experienced **a previous miscarriage or abortion** before I was conceived

❒ Birth mother had a difficult pregnancy **with me**. What made it difficult?

❒ Birth mother and natural father were struggling with difficulties of life while I was in the womb. If yes, what were they:

DEVELOPMENTAL HISTORY (check all that apply) Place of birth:

Problems during your mother's pregnancy:

[ ] none
[ ] late [ ] premature
[ ] high blood pressure
[ ] kidney infection
[ ] German measles
[ ] emotional stress
[ ] bleeding
[ ] alcohol use
[ ] drug use
[ ] cigarette use
[ ] other

Your Birth:

[ ] normal delivery
[ ] difficult delivery
[ ] cesarean delivery
[ ] complications ____
_____
birth weight ___lbs ___oz.

Your Infancy:

[ ] feeding problems
[ ] sleep problems
[ ] toilet training problems

Your Childhood health:

[ ] chickenpox (age _____)
[ ] German measles (age ___)
[ ] red measles (age _____)
[ ] rheumatic fever (age ____)
[ ] whooping cough (age ___)
[ ] scarlet fever (age _____)
[ ] autism
[ ] ear infections
[ ] allergies to _____
[ ] significant injuries _____
[ ] chronic, serious health problems _____
_____
[ ] lead poising (age _____)
[ ] mumps (age _____)
[ ] diphtheria (age _____)
[ ] poliomyelitis (age _____)
[ ] pneumonia (age _____)
[ ] tuberculosis (age _____)
[ ] mental retardation
[ ] asthma

Delayed developmental milestones (check only those milestones that did not occur at expected age):

[ ] sitting
[ ] rolling over
[ ] standing
[ ] walking
[ ] feeding self
[ ] speaking words
[ ] speaking sentences
[ ] controlling bladder
[ ] other _____
[ ] controlling bowels
[ ] sleeping alone
[ ] dressing self
[ ] engaging peers
[ ] tolerating separation
[ ] playing cooperatively
[ ] riding tricycle
[ ] riding bicycle

Emotional / behavior problems (check all that apply):

[ ] drug use
[ ] alcohol abuse
[ ] chronic lying
[ ] stealing
[ ] violent temper
[ ] fire-setting
[ ] hyperactive
[ ] animal cruelty
[ ] assaults others
[ ] disobedient
[ ] repeats words of others
[ ] not trustworthy
[ ] hostile/angry mood
[ ] indecisive
[ ] immature
[ ] bizarre behavior
[ ] self-injurious threats
[ ] frequently tearful
[ ] frequently daydreams
[ ] lack of attachment
[ ] distrustful
[ ] extreme worrier
[ ] self-injurious acts
[ ] impulsive
[ ] easily distracted
[ ] poor concentration
[ ] often sad
[ ] breaks things
[ ] other _____

Social interaction (check all that apply):

[ ] normal social interaction
[ ] authority conflicts
[ ] isolates self
[ ] attention problems
[ ] very shy
[ ] alienates self
[ ] inappropriate sex play
[ ] dominates others
[ ] associates with acting-out peers
[ ] other _____

Intellectual / academic functioning (check all that apply):

[ ] normal intelligence
[ ] high intelligence
[ ] learning disabilities
[ ] underachieving

Current or highest education level _____

Describe any other developmental problems or issues: _____
_____
_____
_____

List the number of times you moved in your first 18 years of life.

Age:	From:	To:	Reason:

FAMILY DATA

List all of your brothers and sisters from oldest to youngest, **including yourself**. Please list in birth order, including any miscarriages, or abortions you know about.

Name	Sex	Age	Marital Status	Job	Brief Description
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				

Describe your relationship to your brothers and sisters in childhood.

_____

_____

_____

Describe the relationship to your brothers and sisters presently.

_____

_____

_____

Have you ever lived with anyone other than your parents? ❑ Yes ❑ No

If yes, how old were you? _____ How long? _____

With whom did you live? _____

Why?_____

YOUR FAMILY HISTORY

FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not at all
mother	[ ]	[ ]	[ ]
father	[ ]	[ ]	[ ]
stepmother	[ ]	[ ]	[ ]
stepfather	[ ]	[ ]	[ ]
brother(s)	[ ]	[ ]	[ ]
sister(s)	[ ]	[ ]	[ ]
other (specify)	[ ]	[ ]	[ ]

_____

Describe parents:

Father	**Mother**
full name _____	_____
occupation _____	_____
education _____	_____
general health _____	_____

Describe childhood family experience:

[ ] outstanding home environment
[ ] normal home environment
[ ] chaotic home environment
[ ] witnessed physical/verbal/sexual abuse toward others
[ ] experienced physical/verbal/sexual abuse from others

Parents' current marital status:

[ ] married to each other
[ ] divorced for _____ years
[ ] father remarried _____times
[ ] father involved with someone
[ ] separated for _____ years
[ ] mother remarried _____times
[ ] mother involved with someone

Age of emancipation from home: _____ Circumstances: _____

What events in your early childhood were significant to you:_____

How would you describe the atmosphere of your childhood home?

Were you ever bullied or given a nickname? If yes, by whom and why?

List any fearful or distressing experiences not previously mentioned:

DESCRIBE YOUR PARENTS

Answers listed here describe the mother and father who took primary responsibility for rearing you. If either person is other than your biological (birth) parent, **please copy these pages**, complete it for your biological parent/s and attach that page to the back of this history.

FATHER'S Name:	**MOTHER'S** Name:
Current age: Deceased: Yes [ ] No [ ]	Current age: Deceased: Yes [ ] No [ ]
If deceased, what was the cause of death and his age? What was your age?	If deceased, what was the cause of death and her age? What was your age?
His Personality	**Her Personality**
His Values	**Her Values**
Kind of home environment he provided	**Kind of home environment she provided**
Describe your Father's relationship with Mother	**Describe your Mother's relationship with Father**
Who was the real head of the house? Check one [ ]	**Who was the real head of the house? Check one [ ]**

FATHER continued…….	**MOTHER** continued……..
Describe his relationship with you	**Describe her relationship with you**
How did he show you love?	**How did she show you love?**
What was his ambition for you?	**What was her ambition for you?**
Describe your ability to confide in him?	**Describe your ability to confide in her?**
Form of punishment he used	**Form of punishment she used**
As a child, what I liked about him	**As a child, what I liked about her**
As a child, what I disliked about him	**As a child, what I disliked about her**
Did he have a favorite child? Who was it?	**Did she have a favorite child? Who was it?**
Describe any problems with addictions and/or immorality	**Describe any problems with addictions and/or immorality**
What is your Father's ethnic heritage? (e.g.; Irish, English, German etc)	**What is your Mother's ethnic heritage? (e.g.; Irish, English, German etc)**

SEX INFORMATION

What was the attitude towards sex in the home in which you grew up? How was it discussed or instructed

_____

_____

Did you ever have any anxieties, guilt feelings or trauma arising out of:

- Sexual experience with the **opposite sex**? If yes, please explain:
  _____
  _____
- Sexual Experience with the **same sex** ? If yes, please explain:
  _____
  _____
- Did anyone ever touch you inappropriately in a sexual way? If yes, please explain:
  _____
  _____

YOUR EDUCATIONAL HISTORY

School/College/University	Major/Degree	Date Received:

YOUR EMPLOYMENT HISTORY (List from most recent to earliest)

Job	Type of work	Age	Left Because:
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			

Do you enjoy your present job? ❒ Yes ❒ No If No, why?

_____

_____

What are your ambitions and aspirations?

_____

_____

IMMEDIATE FAMILY

Marital status:

[ ] single, never married
[ ] engaged _____ months
[ ] married for _____ years
[ ] divorced for _____ years
[ ] separated for _____ years

[ ] divorce in process mo
[ ] live-in for_____ years
[ ] _____ prior marriages (self)
[ ] _____ prior marriages (partner)

Intimate relationship:

[ ] never been in a serious relationship
[ ] not currently in relationship
[ ] currently in a serious relationship

Relationship satisfaction:

[ ] very satisfied with relationship
[ ] satisfied with relationship
[ ] somewhat satisfied with relationship
[ ] dissatisfied with relationship
[ ] very dissatisfied with relationship

List all persons currently living in your household:

Name	Age	Sex	Relationship to you

List biological/ adopted children <u>not</u> living in same household as you:

Frequency of visitation of above: _____

Describe any past or current significant issues in <u>intimate</u> relationships: _____

_____

_____

_____

Describe any past or current significant issues in other <u>immediate family</u> relationships: _____

_____

_____

_____

Do you make friends easily? Do you keep them?

_____

_____

<u>MARITAL INFORMATION</u>

	Name of Spouse	Length of Engagement	Age when Married		Length of Marriage	Reason Why It Ended	# of Children from that Marriage
			You	Spouse			
1st Marriage							
2nd Marriage							
3rd Marriage							
4th Marriage							

<u>PRESENT MARRIAGE</u> Anniversary Date: _____

What I liked the first few years:

_____

_____

What my spouse liked the first few years:

_____

_____

What I disliked the first few years:

_____

_____

What my spouse disliked the first few years:

_____

_____

What I have liked/disliked in the last few months:

_____

_____

What my spouse has liked/disliked in the last few months:

_____

_____

Place the letter "C" or "I" in each blank below as it applies to your present marriage.

C = Most Compatible		I = Incompatible					
	Value system		Commitment to God		Devotion to spouse		Devotion to children
	Intellect		Sleep requirements		Financial planning		Child discipline
	Energy level		Food appetite		Spending money		Devotion to work
	Social time		Exercise needs		Parenting style		Household duties
	Planning		Sexual needs		Recreational interests		In-law relationships
	Goals		Need for touch		Educational preparation		Hobbies
	Neatness		Need for time alone		Sensitivity to feelings		Other _____
	Friends		Conversation		Spiritual growth		Other _____

Give three specific examples of things you would like to see your spouse **do more often** (particular things that mean something to you)

1.
2.
3.

Give three specific examples of things you would like to see your spouse **stop doing** (three particular things that irritate you.):

1.
2.
3.

List the names of your children, from oldest to youngest. State if any of these children are from previous marriages, or adopted. **Also, in order of birth include any miscarriages or abortions**.

Name	**Sex**	**Age**	**Marital Status**	**Job**	**Brief Description**
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				
	M/F				

PREVIOUS MARRIAGE

What were the major problems in the relationship?

_____
_____
_____
_____
_____

What ended the relationship?

_____
_____
_____
_____

If there were any children who were a product of this relationship, how were they affected by the problems in the relationship?

_____
_____
_____
_____
_____

Do you have any issues as a result of this relationship?

_____
_____
_____
_____
_____

SOCIO-ECONOMIC HISTORY (check all that apply)

Your Living Situation:
[ ] housing adequate
[ ] homeless
[ ] housing overcrowded
[ ] dependent on others for housing
[ ] housing dangerous/deteriorating
_____
[ ] living companions dysfunctional

Your Social support system:
[ ] supportive network
[ ] few friends
[ ] substance-use-based friends
[ ] no friends
[ ] distant from family of origin

Sexual history:
[ ] currently sexually active
[ ] age first sexual experience _____.
[ ] age first pregnancy/fatherhood _____.
[ ] history of promiscuity age _____ to _____
[ ] currently sexually satisfied
[ ] history of unsafe sex age _____ to _____

Additional information: _____

Employment:

[ ] disabled:_____
[ ] employed and satisfied
[ ] employed but dissatisfied - explain:_____
[ ] unemployed - how long?_____
[ ] coworker conflicts
[ ] unstable work history
[ ] supervisor conflicts

Financial situation:
[ ] no current financial problems
[ ] large indebtedness
[ ] poverty or below-poverty income
[ ] impulsive spending
[ ] relationship conflicts over finances

Military history:
[ ] never in the military
[ ] served in military – no incident
[ ] served in military – **with** incident_____
_____
Branch of service :_____.
How long:_____
Discharge date:_____

Legal History:
[ ] no legal problems
[ ] describe last legal difficulty:_____
[ ] now on parole/probation
[ ] arrest(s) not substance-related
[ ] arrest(s) substance-related
[ ] jail/prison - _time(s) __ total time served: _____
[ ] court ordered this treatment

Cultural/spiritual/recreational history:
(e.g., ethnicity, religion): _____
[ ] spouse shares same spiritual beliefs
[ ] currently active in community/recreational activities - describe_____
[ ] formerly active in community/recreational activities - describe_____
[ ] currently engage in hobbies - describe_____
[ ] currently participate in spiritual activities - describe_____

MEDICAL HISTORY (check all that apply)

Describe current physical health: [ ] Good [ ] Fair [ ] Poor

_____

List name of primary care physician:
Name _____ Phone _____

List name of psychiatrist: (if any):
Name _____ Phone _____

List any medications currently being taken (give dosage & reason):

_____
_____
_____
_____
_____

List any known allergies: _____
_____

Is there a history of any of the following in the family:

[ ] tuberculosis [ ] heart disease
[ ] birth defects [ ] high blood pressure
[ ] emotional problems [ ] alcoholism
[ ] behavior problems [ ] drug abuse
[ ] thyroid problems [ ] diabetes
[ ] cancer [ ] Alzheimer's disease/dementia
[ ] mental retardation [ ] stroke
[ ] other chronic or serious health problems _____

_____

Describe any serious hospitalization or accidents:

Date _____ Age____ Reason_____
Date_____ Age____ Reason_____
Date _____ Age ____ Reason _____
Date _____ Age ____ Reason _____
Date: _____ Age ____ Reason _____

SUBSTANCE USE HISTORY (check all that apply to you)

Family alcohol/drug use history:

[ ] father [ ] stepparent/live-in
[ ] mother [ ] uncle(s)/aunt(s)
[ ] grandparent(s) [ ] spouse/significant other

[ ] sibling(s) [ ] children
[ ] other _____

Substance use status:

[ ] no history of abuse
[ ] active abuse
[ ] early full remission
[ ] early partial remission
[ ] sustained full remission
[ ] sustained partial remission

Substances used: (compete all that apply)

	First use age	Last use age	Current Use (Y/N)	Frequency	Amount
[ ] alcohol					
[ ] amphetamines/speed					
[ ] barbiturates/downers					
[ ] caffeine					
[ ] cocaine					
[ ] crack cocaine					
[ ] hallucinogens (e.g. LSD)					
[ ] inhalants (e.g., glue, gas)					
[ ] marijuana or hashish					
[ ] nicotine/cigarettes					
[ ] PCP					
[ ] prescription_____					
[ ] other_____					

Treatment history:

[ ] outpatient (age[s]_____)
[ ] inpatient (age[s]_____)
[ ] 12-step program (age[s]_____)
[ ] stopped on own (age[s]_____)
[ ] other (age[s]_____
describe:_____

Consequences of substance use (check all that apply):

[ ] hangovers [ ] withdrawal symptoms [ ] sleep disturbance [ ] binges
[ ] seizures [ ] medical conditions [ ] assaults [ ] job loss
[ ] blackouts [ ] tolerance changes [ ] suicidal impulse [ ] arrests
[ ] overdose [ ] loss of control amount used [ ] relationship conflicts
[ ] other _____

SPIRITUAL EXPERIENCES

Please place a check mark beside each item in which you or your family members have participated.

Key: S = self F = family

S	F		S	F	
		Bahai			Astral-projection
		Buddhism			Astrolgoy
		Christian Science			Automatic writing
		Eckankar			Black/white magic
		EST			Blood pacts
		Jehovah's Witness			Clairvoyance
		Masons (Freemasonry)			Dowsing (water witching)
		New Age			Fetishism
		Rosicrucian			Ghosts
		Satanism			Healing magnetism
		Scientology			Hypnosis
		Silva Mind Control			Mental suggestion
		The Way International			Ouija Board
		Transcendental Meditation			Palm reading
		Unification Church			Reading tea leaves, etc.
		Unitarianism			Séance
		Witchcraft			Spells
		Yoga			Tarot Cards
		Other: _____			Telepathy
		Other:_____			Telekenisis (i.e. table lifting)
		Other:_____			Trance Speaking
					Visionary Dreams
					Other:_____

How have any of the items you checked affected your life:

_____
_____
_____
_____
_____
_____
_____

PLEASE COMPLETE THE FOLLOWING SENTENCES

1) As a child, I . . .

_____

_____

2) My brothers and/or sisters . . .

_____

_____

3) For me, school was . . .

_____

_____

4) My childhood fears were . . .

_____

_____

5) My childhood ambitions were . . .

_____

_____

6) My role in the family . . .

_____

_____

7) My role in my group of friends was . . .

_____

_____

8) The significant events in my physical and sexual development were . . .

_____

_____

9) The significant events in my social development were . . .

_____

_____

10) The most important values in my family were . . .

_____

_____

11) What stands out the most for me about my family life is . . .

_____

_____

12) My parents' relationship to each other was . . .

_____

_____