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ADULT BACKGROUND FORM

Social Security # _____ Date: _____

NAME : _____ SEX: _____ AGE: _____ BIRTHDATE: _____

ADDRESS _____ PHONE: _____

The purpose of this questionnaire is to obtain a comprehensive picture of your background. By completing these questions as fully and as accurately as you can, you will facilitate your Therapeutic Program. You are requested to answer these routine questions in your own time instead of using up your actual appointment time.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. The information you give below is for professional use only and will be held as confidential.

In your own words, what difficulties or problems bring you here at this time?

When are these problems worse? _____

When are they better? _____

Have you tried to get any previous help for this? _____ What kind? _____

_____ When? _____ Where? _____

_____ Was it helpful? _____ How? _____

What procedures have you tried on your own? _____

When did these problems first begin? _____

What important things have happened to you or your family in the last six months? _____

What sudden changes have you noticed recently in your behavior and moods or in family members? _____

BIO-MEDICAL HISTORY

What aches, pains, or physical discomforts do you have these days? _____

What have you been hospitalized for in the past? _____

What serious illnesses have you had during your life? _____

What accidents have you had? _____

How long have you been drinking alcohol? _____ How much alcohol do you drink? _____

What drugs have you taken? _____

Reason? _____ What medications do you take?

Medication	Dose	Frequency	Prescribed by?	Reason

What is the name and address of the physician you usually see? _____

_____ Date last examined? _____

Who referred you to us? _____

SCHOOL HISTORY

What is the highest grade you completed? _____ When? _____

What diplomas or degrees do you have? _____

In what subjects did you earn your best marks? _____

What grades did you fail? _____

Were your marks usually: Above Average _____ Average _____ Below Average _____

What special school problems did you have? _____

How old were you when you left school? _____ Why did you leave school? _____

DATING AND MARRIAGE

How old were you when you began dating? _____

How often did you date as a teenager? _____

What did you like to do on a date? _____

What problems have there been with persons of the opposite sex? _____

How serious are those problems? _____

Tell how you learned about sexual intercourse, when and from whom. _____

Is your present sex life satisfactory? (Please explain) _____

Are you married _____ Single _____ Divorced _____ Widowed _____ now?

Please answer the next set of questions:

How long have you been with your significant other, partner or spouse? _____

How old is he/she? _____ What is his/her education? _____

What is his/her occupation? _____ Religion? _____

How many partners or spouses have you had? _____ How long each time? _____

Does your partner have a present illness or physical problem? _____
What kind? _____

Personality of partner (In your own words): _____

If separated, how and why did you separate. _____

Do you feel you need to straighten out your relationship? _____ Why and in what way? _____

How long did you know him/her before you were partners? _____

What do you enjoy MOST about your relationship? _____
Least? _____

Who handles the money? _____ Is there ever any trouble about this arrangement?
_____ Explain _____

What are the names and ages of your children? _____

What are their present illnesses or problems? _____

Which child seems easiest to get along with and why? _____

Which child is most difficult and why? _____

Who disciplines the children and how? _____

JOB HISTORY

What is your present job? _____

Employer and Address _____

How long have you been doing it? _____

List your previous jobs and tell us how long you worked at each. Also tell us why you left each job. _____

How do people on your present job treat you? _____

What problems do you have with the people or with the type of work on your present job or on your last job? _____

If you could have any job you wanted, what kind of job would you choose? _____
_____ Why? _____

FAMILY HISTORY

Is your father living? _____ How old is he? _____ Is your mother living? _____ How old is she? _____ If either is dead, when and at what age did death occur? _____

What were the cause (s) of death? _____

What is your father's education? _____ Occupation? _____

If retired, previous occupation? _____

Give a description of your father's personality and his attitude toward you (past and present) _____

What is your mother's education? _____ Occupation? _____

If retired, previous occupation? _____

Give a description of your mother's personality and her attitude toward you (past and present) _____

Do your parents have any present illnesses or physical problems? _____

What is the age, name and occupation of each of your brothers and sisters? _____

Relationship with brothers and/or sisters – Past: _____
Present: _____

What emotional troubles, nervous breakdowns, convulsive disorders, etc. have there been in your family or in relatives? _____

Impression of your home life as you were growing up: (Include description of relationship between parents, and between parents and children.) _____

PERSONAL HISTORY

What troubles have you had with the law? _____

What is your main interest outside of work? _____

What other hobbies or interests do you have? _____

What clubs or organizations do you attend? _____

Your religious affiliation? _____ How often do you participate in religious activities? _____ attend church/synagogue? _____

How do you feel about your religion? _____

What people have you felt close to in your life? _____

Who lives in your house with you? _____

How many bedrooms do you have? _____ What are the sleeping arrangements? _____

Your five main fears: _____

Ambitions/Goals –Past: _____

Present: _____

Who are the most important people in your life? _____

Describe any fearful or distressing experiences not previously mentioned: _____

List any situations that make you feel particularly anxious. _____

List any situations that make you feel calm or relaxed. _____

Have you ever lost control (e.g., temper or crying or aggression?) If so, please describe.

List the benefits you hope to derive from counseling/therapy. This is most important.

Please be specific. (1) _____

_____ (2) _____

_____ (3) _____

MILITARY HISTORY

If you are a veteran, what did you do in the service? _____

What was your highest rank? _____ Tell us about any demotions, court martials, etc. _____

Where were you stationed and when? _____

For what were you hospitalized in the service? _____

For how long? _____

Do you receive compensation for a service disability? _____

What kind of discharge did you receive? _____

FINANCIAL

What was your family's income last year? _____ How many people did this income support? _____

What medical/hospitalization insurance do you have? _____

Does it cover treatment of nervous/mental/emotional problems – problems in living we all experience simply by being human? _____

SELF-DESCRIPTION

Please complete the following:

I am _____

I am _____

I am _____

I am _____

I feel _____

I feel _____

I feel _____

I feel _____

I think _____

I think _____

I think _____

I think _____

I wish _____

I wish _____

I wish _____

Use the blank side of this page to describe yourself as would be described:

- (a) By yourself
- (b) By your spouse (or person you date)
- (c) By your best friend
- (d) By someone who dislikes you

GENERAL

Do you think you would be helped more by:

- a. Directions to change specific behaviors
- b. Talking about your problems individually
- c. Psychological testing
- d. Receiving medicine
- e. Group therapy
- f. Family therapy

ADDITIONAL INFORMATION: Please list all psychologists, physicians, speech therapists, clinic, etc. which you have had contact with. Also please tell us any other significant information about you that we may not have asked about. Write on the back of the sheet if you wish.

PLEASE RETURN THIS FORM TO: DR. SOWALD