PERSONAL HISTORY FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parents & Siblings

Is your mother alive (please circle)? Yes/No If deceased, when did she die? \_\_\_\_\_\_\_\_\_\_\_\_\_

Is your father alive? Yes/No If deceased, when did he die? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your parents divorce? Yes/No If yes, how old were you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, who raised you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your mother’s job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your father’s job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many brothers do you have? \_\_\_\_\_ Please list their ages. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many sisters do you have? \_\_\_\_\_ Please list their ages. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your mother complete high school? Yes/No Attend college? Yes/No

Did your father complete high school? Yes/No Attend college? Yes/No

How many of your brothers and sisters completed high school? \_\_\_\_\_ Attend college? \_\_\_\_\_

Birth & Development

Were there complications with your mother’s pregnancy with you or with your birth? Yes/No

If so, please briefly describe. If you don’t know, just write “I don’t know.” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any health problems that you had as an infant or child.

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Please list any developmental delays you experienced, such as with walking or talking. If you don’t know, just write “I don’t know.”

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Childhood

Where were you raised? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe your mother. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please briefly describe your father. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What was it like growing up in your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you experience trauma as a child? Yes/No

School

Did you graduate from high school? Yes/No If no, do you have a GED? Yes/No

Have you attended college? Yes/No If yes, what is your highest degree? \_\_\_\_\_\_\_\_\_\_\_\_

Did you repeat any grades in school? Yes/No If yes, which grades? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have difficulty with reading? Yes/No Writing? Yes/No Math? Yes/No

Were you in special education classes? Yes/No If yes, which grades? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What grades did you usually receive in high school (please circle)? As Bs Cs Ds Es

Military

Did you serve in the military? Yes/No If yes, please answer the following additional questions. If no, please skip to the next section.

What years? \_\_\_\_\_ to \_\_\_\_\_ What was your branch & rank? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you ever deployed? Yes/No Did you serve in a combat theater? Yes/No

Please list anything else you would like me to know about your military service: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work

Are you currently employed? Yes/No

If yes, what is your job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When did you start? \_\_\_\_\_\_\_

If no, what was your last job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When did you stop? \_\_\_\_\_\_\_

If no, are you disabled? Yes/No If yes, when did your disability begin? \_\_\_\_\_\_\_\_

Please list previous jobs you have held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Marriage & Children

Are you currently married? Yes/No If yes, when were you married? \_\_\_\_\_\_\_\_

If yes, please briefly describe your spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If yes, please briefly describe your marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you been divorced? Yes/No If yes, when were you divorced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have children, please list their ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Health

Please list your current physical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had a serious head injury? Yes/No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health

Please list your current mental concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any mental health diagnoses you have previously received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you been hospitalized for a mental health reason? Yes/No If yes, when? \_\_\_\_\_\_\_\_\_\_

Have you had mental health counseling? Yes/No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken mental health medicine? Yes/No If yes, what and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current Medicines

Please list your current medicines, dosages, and what medical condition they are for.

Medicine Dose Medical Condition

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