Lunden Psychological Services, Inc.

Please complete the following information as completely as possible. This will save taking face-to-face time in attaining important information about you.

Social History:

Name:____ Today's Date:______________________
(Last, First, MI)

Address:____

Home Phone: (______)________________ Work Phone: (______)________________ Cell Phone: (______)__________________

Social Security #:_____-____-________ Employer Address:____

Age:____ Sex: ☐Male ☐Female Birth Date:_______________ Birthplace:____

Where did you grow up?____

Current Partner Status: ☐Married ☐Married and Living Apart ☐Widowed ☐Legally Separated and Living Together ☐Legally Separated and Living Apart ☐Single (Never Married) ☐Divorced ☐Unmarried Couple Living Together ☐Unmarried Couple Living Apart

Spouse/Partner's Name:_______________________________________ Age:_________ Phone #: (______)__________________

Spouse/Partner's Address:____

Spouse/Partner's Occupation:________________________________ Employer:____

Emergency Contact Name:____ Relationship:_________________________________

Emergency Contact's Cell #: (______)________________ Home #: (______)_______________ Work #: (______)________________

List everyone living in your home, even those living there part-time. Give their current ages, birthdates, and relationship to you.____
____
____

Circle the words that describe your current relationship with your partner/spouse: ☐ *No Current Relationship* ☐ *Very Poor Situation* ☐ *Tolerate Each Other* ☐ *Relatively Happy* ☐ *Very Happy*

If you are unhappy, what do you think is the main problem? ____
____
____

If Divorced, Separated, or Widowed, describe the current or former relationship with your spouse.
☐ *Very Poor Situation* ☐ *Tolerate Each Other* ☐ *Were Relatively Happy* ☐ *Were Very Happy*

If you were unhappy, what do you think was the main problem?____
____
____

List your children in birth order giving their current ages and birthdates.

____ ____
____ ____
____ ____
____ ____
____ ____

Physical Health:

Height:___________ Weight:____________ Primary Physician:____

Primary Care Physician's Address:____

Primary Care Physician's Phone #: (______)____________________ Primary Care Physician's Fax #: (______)__________________

Date of your last physical examination:______________________

Are you presently being treated for any chronic health problems? ☐ NO ☐ YES

What are your current health problems?____
____
____

Are you taking any medications? ☐ NO ☐ YES

Please, list all medications, dosages, and when you take each. ____
____
____
____

Do you have allergies? ☐ NO ☐ YES

What are you allergic to?____
____

What describes your sleep for the past two weeks? ☐ *NO PROBLEMS* ☐ *DIFFICULTY FALLING ASLEEP* ☐ *RESTLESSNESS* ☐ *NIGHTMARES* ☐ *INSOMNIA* ☐ *WAKING IN THE NIGHT AND UNABLE TO FALL BACK TO SLEEP* ☐ *WAKING IN THE NIGHT AND ABLE TO FALL BACK TO SLEEP WITHIN 30 MINUTES* ☐ *EARLY MORNING WAKING*

Is your sleep pattern over the last two weeks? ☐ TYPICAL ☐ UNUSUAL

When did your sleep pattern last change?____

When did you last have no problems with your sleep?____
____

What describes your daily eating pattern for the past two weeks? ☐ *1 Meal* ☐ *2-3 Meals* ☐ *3 Meals* ☐ *3+ Meals* ☐ *1 Snack* ☐ *2 Snacks* ☐ *3 Snacks* ☐ *Grazing Throughout the Day*

For you, is this eating pattern ☐ TYPICAL? ☐ UNUSUAL?

Do you feel you difficulty with eating? ☐ NO ☐ YES

If you have difficulties with eating, weight, and/or exercising, please explain.____
____
____

Have you ever used food to alter your mood? ☐ NO ☐ YES

Please state what food(s) you have used to alter your mood, how often you use food for this purpose, and the consequences.____
____
____

Please describe any sexual problems or difficulties.____
____
____

Do you experience emotions, feelings, and/or moods severe enough to affect your day-to-day functioning? ☐ NO ☐ YES

Please explain the emotions, feelings, and/or moods, how often it occurs, and how it affects your life?_________________________
____
____
____
____

Please check any of the following difficulties that pertain to you:

☐ *Nervousness*	☐ *Depression*	☐ *Fears*	☐ *Shyness*
☐ *Sexual Problems*	☐ *Suicidal Thoughts*	☐ *Separation*	☐ *Divorce*
☐ *Finances*	☐ *Drug Use*	☐ *Alcohol Use*	☐ *Friends*
☐ *Anger*	☐ *Self-Control*	☐ *Unhappiness*	☐ *Sleep*
☐ *Stress*	☐ *Work*	☐ *Relaxation*	☐ *Headaches*
☐ *Legal Matters*	☐ *Memory*	☐ *Ambition*	☐ *Energy*
☐ *Insomnia*	☐ *Tiredness*	☐ *Making Decisions*	☐ *Loneliness*
☐ *Health Problems*	☐ *Temper*	☐ *Nightmares*	☐ *Marriage*
☐ *Inferiority Feelings*	☐ *Education*	☐ *Career Choices*	☐ *Relationships*
☐ *Children*	☐ *Appetite*	☐ *Stomach Trouble*	☐ *Bowel Troubles*
☐ *Being a Parent*	☐ *My Thoughts*	☐ *My Emotions*	☐ *My Behaviors*
☐ *My Spiritual Life*			

Counseling History:

Have you been in counseling and/or had psychological testing previously? ☐ NO ☐ YES

Please describe your experience with approximate dates.____
____
____

Treatment Provider(s):____
____

Provider Address:____

Provider Phone #: (______)____________________________ Provider Fax #: (______)____________________________________

Reason(s) you were seeking care:____

Treatment Outcome(s):____

Please list any support groups you have attended and/or currently attend with approximate dates._____________________________
____

If there is a family history of alcoholism, substance abuse, and/or violence, please state the relationship and explain.
____
____
____

Is there anyone related to you who has or had difficulties with depression, anxiety, emotional difficulties, irritability, and/or diagnosed with a psychiatric disorder? ☐ NO ☐ YES

Please describe the difficulty and/or diagnosis and state the relationship.____
____
____
____

Substance History:

Have you ever used alcohol, drugs, and/or substances to change or alter your behavior or mood? ☐ NO ☐ YES

Please list the type of alcohol, drugs, and/or substances you have used for this purpose, along with when you first started and/or stopped with approximate dates, and how much you have used?____
____
____
____
____

Have you ever used a Breathalyzer and/or been arrested or charged with a DUI/DWI? ☐ NO ☐ YES

Please explain and state approximate dates.____
____
____

Family History:

Father: Nationality:________________________________ Race:________________ Ethnicity:____________________________
Highest Level of Education:_____________________________ Occupation:____
General Physical Health Status:____
____
General Emotional Health Status:____
____
Describe your relationship:____
____

Mother: Nationality:_______________________________ Race:________________ Ethnicity:____________________________
Highest Level of Education:____________________________ Occupation:_______________________________________
General Physical Health Status:____
____
General Emotional Health Status:____
____
Describe your relationship:____
____

With whom did you live during your childhood?____
____
____

Where did you live during your childhood?____
____
____

List brothers and sisters, including you, in birth order and give their current ages.__________________________________
____
____
____

Describe your childhood. ☐ *Happy* ☐ *Unhappy* ☐ *Mixed*

Please explain your above answer.____
____
____

Describe your adolescence. ☐ *Happy* ☐ *Unhappy* ☐ *Mixed*

Please explain your above answer.____
____
____

Were you abused as a child or adolescent or adult? ☐ NO ☐ YES

Check all that apply. Briefly explain the relationship with the perpetrator(s), extent of abuse, and length of abuse.
☐ *Verbally* ☐ *Emotionally* ☐ *Physically* ☐ *Sexually*
____
____
____

<u>Educational History</u>:

Indicate your highest level of education:____

Year Completed:_____________ GPA:_______________

Did you have difficulty in school? ☐ NO ☐ YES If yes, please explain:____
____

Describe any special skills for which you have training, certification, and/or licensure._______________________________

____
____

Vocational History:

Describe your employment history, beginning with your current position.

Employer	*Position*	*Time in Job*	*Reason for Leaving*
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________
____________	____________	____________	____________

Describe any physical or emotional problems that may have prevented employment or caused lapses in employment.____
____
____

Other causes for lack of employment or lapses in employment.________________________________
____
____

Has your employer or supervisor ever expressed any of the following concerns to you? Please, check all that apply.

☐ *Late to Work too Often* ☐ *Missing too Many Days of Work* ☐ *Tasks Late/Not Completed*
☐ *Too Many Errors* ☐ *Irresponsibility* ☐ *Disorganized* ☐ *Poor/Bad Attitude*
☐ *Difficulty Getting Along with Co-Workers* ☐ *Difficulty Getting Along with Supervisor(s)*
☐ *Attitude/Behavior Change*

Please explain the above answers.____
____
____
____

Have you ever served in the Military? ☐ NO ☐ YES

Which branch?_________________________ Age at Enlistment:________ Time Served:______________

Rank at Discharge:_______________ Reason for Discharge:_________________________________

If you ever served in combat, please describe where, when, and circumstances?____________________
____
____

Legal History:

Please describe any current legal action that is pending.______________________________________

____
____

If you have ever been court-ordered to receive treatment, please state charges, type of treatment, length of time, number of sessions, approximate dates, and where this occurred.____
____
____
____

Have you ever been arrested as an adult or adolescent? ☐ NO ☐ YES

What were the charges, approximate dates, and outcomes?_______________________________________
____
____
____

Are you currently on parole, probation, or serving some type of sentence, for example a weekend jail sentence and/or community service? ☐ NO ☐ YES

What are the charges, type of sentence, and length of sentence?__________________________________
____
____

Recreational Activities, Leisure Interests, and Hobbies:

Circle all that apply. Your life is: ☐ *Work Oriented* ☐ *Family Oriented* ☐ *Self Oriented*
☐ *People Oriented* ☐ *Leisure Oriented* ☐ *Recreationally Oriented* ☐ *Hobby Oriented*

Please list activities you enjoy by yourself:____
____

Please list activities you enjoy with your family:____
____

Please list activities you enjoy with your friends:____
____

Do you exercise on a weekly basis? ☐ NO ☐ YES

If you exercise, how many times do you exercise per week?
☐ *1x* ☐ *2x* ☐ *3x* ☐ *4x* ☐ *5x* ☐ *6x* ☐ *7x* ☐ *Twice a Day* ☐ *Three Times a Day*

Please describe physical limitations that may prevent you from exercising or keep you from physical activity.
____
____
____

Do you use supplements to build muscle, or have you ever used them in the past? ☐ NO ☐ YES

What supplements, amounts, and for how long have you used them?______________________________
____
____

Are you able to separate alcohol and/or substance use from your recreational, leisure activities, or hobbies?

☐ NO ☐ YES ☐ *Sometimes*

Spiritual History:

The following questions will contribute to the understanding of you as a spiritual person. It is my intent to be sensitive to your beliefs, and to acknowledge that therapy is not value free. It is not my intent to impose my belief perspective on you.

1. While growing up, did you have a religious affiliation? If so, what, and how important a part of your family life was it?
____
____
____

2. Do you have a current religious affiliation? If so, briefly describe your present involvement.__________
____
____
____

3. Are spiritual issues and/or resources important to you in therapy? If so, briefly describe.__________
____
____
____

4. I would describe God as. . .__________
____
____

5. I think God sees me as. . .__________
____
____

6. Where are you with God right now?__________
____
____

7. The most positive relationship religious experience I have had is. . .__________
____
____

8. The most negative religious experience I have had is. . .__________
____
____

9. Has there been a significant change in your spiritual life or perceptions within the past year? If so, please describe.__________
____
____

10. What religious meetings, church, or temple are you currently attending, if any?__________
____
____

11. How often do you attend? *(Please Check All that Apply)* ☐ *More than Once a Week* ☐ *Weekly*
    ☐ *Bimonthly* ☐ *Monthly* ☐ *More than 6x per Year* ☐ *Less than 6x per Year*
    ☐ *Regularly Occasionally* ☐ *Seldom* ☐ *Never*

12. How long have you attended it?____

13. Do you feel your church, temple, or religious meeting is able to meet your spiritual life needs?____________________________
____
____

13. Please add additional pertinent information or comments you feel might have significance.______________________________
____
____
____