

A LIFE HISTORY QUESTIONNAIRE

UPDATE FORM:

The purpose of this form is to update any personal information that may have changed since filling out the original Questionnaire. If there is anything not listed here that you feel may pertain to your sessions, please list or explain in the spaces provided at the end.

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. Case records are strictly confidential. No outsider, not even your closest relative or family doctor is permitted to see your case record without your written permission.

If some particular question does not apply to you, simply write "NA" in the space provided.

Date: _____

I. GENERAL INFORMATION

A. Name _____

B. Address _____ Phone _____

City _____ State _____ Zip _____

C. Age _____

D. Occupation _____

E. Religion _____ Attendance: Regular Occasional Never (circle)

F. With whom are you now living? (List people, their names ages & occupations. If they are students, indicate what grade.)

G. How strongly do you want treatment for your problem? (circle one)

Very Strong Strong Moderate Ambivalent

II. CLINICAL

You can help us save time by explaining in your own words some things about your problem. Please be as specific as possible. A few particular examples of how the problem comes up would be valuable.

- A. State in your own words the nature of your chief concern:

- B. If your problem is something that you think happens too often, state approximately how often it occurs, how long it lasts, and any other information you feel might be helpful in understanding your problem:

- C. If your problem is concerned with something not happening as often as you would like, state what you would like to see happen more often, how often you think it should occur, etc.

- D. Are any of the people in Section I, items F & G, important in some way with your problem? Yes No

If yes, please mention specific ways they have helped you – both good and bad points should be mentioned, if possible.

- E. With whom have you talked about your problem?

F. Are you currently under the care of doctor (psychologist, psychiatrist, etc.)? _____

If so, please provide the doctors name and phone number:

G. Any other various information or concerns not covered above:
