Print Form

Biographical Information Form

Personal Information

Present relationship status:	Number of years in current relationship
Names and ages of male children:	Names and ages of female children:
Education Level (Check any that apply) ☐ GED ☐ High School Diploma ☐ Some college/training ☐ College Graduate ☐ Graduate School ☐ Post Graduate ☐ Technical/Vocational School Degrees/Certificates	What occupation(s) have you mainly been trained for?
Present Occupation: ☐ Full Time ☐ Part Time	Spouse/Significant Other's Occupation: ☐ Full Time ☐ Part Time
Religious/spiritual beliefs:	

Family History

Mother's age:	If deceased, how old were you when she died?
Briefly describe the type of person your mother (or stepmother or person who substituted for your mother) was when you were a child and how you got along with her:	
Father's age:	If deceased, how old were you when he died?
Briefly describe the type of person your father (or stepfather or father substitute) was when you were a child and how you got along with him:	
If your mother and father divorced/ended their relationship, how old were you at the time?	
If your mother and father did not raise you when you were young, who did?	
Were you adopted? ☐ Yes ☐ No	
Names and ages of living brothers:	
If there were unusually disturbing features in your relationship to any of your brothers, briefly describe:	
Names and ages of living sisters:	
If there were unusually disturbing features in your relationship to any of your sisters, briefly describe:	

Counseling and Therapy Services
Address: 565 University Ave. Suite #4 Fairbanks, AK 99709 Phone: 907-590-8384

Treatment History

Approximate dates and names of previous mental health providers:
If you had previous providers what was effective about the treatment and what was not effective?
Are you currently taking psychiatric medication? ☐ Yes ☐ No Please list the medication and prescriber:
List your chief physical ailments, diseases, complaints, or handicaps:

Personal Evaluation

Briefly list your **present** primary complaints, symptoms, and problems:	
Under what conditions are your problems worse?	Under what conditions are they improved?
List the things you enjoy doing the most, the kinds of things or persons that give you pleasure:	
List your main positive traits:	List your main negative traits:
List your main social difficulties:	List your main school or work difficulties:
List your main life goals:	
List your main love and sex difficulties (if sexually active):	
Additional information that you think might be helpful:	