

Hope and Restoration Pathways
Client History Information- Adults

Purpose of this questionnaire:

The purpose of this questionnaire is to obtain a comprehensive picture of your background that will better assist your therapist in the provision of therapy services.

All information provided will become a part of your clinical record and is therefore protected health information.

If you do not desire to answer any questions, merely write: DCA (Do not Care to Answer).

NAME _____ AGE _____ DATE OF BIRTH _____

HOME ADDRESS _____ ZIP _____

HOME PHONE _____ SEX M F (Circle one)

EMPLOYER _____

Source of referral to HARP? _____

WITH WHOM ARE YOU NOW LIVING? (List people) _____

MARITAL STATUS: (Circle one)

SINGLE ENGAGED MARRIED REMARRIED SEPARATED DIVORCED WIDOWED

RELIGIOUS AFFILIATION:

a) in childhood _____ b) as an adult _____

DESCRIBE THE IMPACT THAT FAITH HAS UPON YOUR LIFE:

CENTRAL SUPPORTIVE COMMITTED DISINTERESTED

FAMILY DATA:

Father: Living or deceased? _____

If deceased, your age at the time of his death? _____

Cause of his death? _____

If alive, father's present age? _____

Occupation: _____

Health: _____

Mother: Living or deceased? _____

If deceased, your age at the time of her death? _____

Cause of her death? _____

If alive, mother's present age? _____

Occupation: _____

Health: _____

Siblings:

Number of brothers: _____ Age of brother(s): _____

Number of sisters: _____ Age of sister(s): _____

Children:

Number of sons: _____ Age of son(s): _____

Number of daughters: _____ Age of daughter(s): _____

CLINICAL

a) State in your own words the nature of your main problems and their duration: _____

b) Give a brief account of the history and development of your complaints (from onset to present): _____

c) On the scale below, please circle the best estimate of the severity of your problem(s):

Mildly Moderately Very Extremely Totally
Upsetting Severe Severe Severe Incapacitating

d) Whom have you previously consulted about your present problem(s)?

List name(s) and address(es)

e) Are you taking any medication? _____

If "yes," what, how much, and with what results?

PERSONAL DATA

a) Mother's condition during pregnancy (as far as you know). _____

b) Was the pregnancy normal? _____ If "no," what were the problems?

c) Was she taking any medication? _____ If "yes," what medication? _____

d) Underline any of the following that applied during your childhood:

Night terrors Bed-wetting Sleep-walking Nail biting Fears
Thumb sucking Stammering Unhappy Childhood Happy Childhood

Any others? _____

e) Health during childhood:

List illnesses: _____

f) Health during adolescence:

List illnesses: _____

g) What is your present height? _____ Your weight? _____

h) List your main fears: _____

i) Underline any of the following that apply to you now or in the recent past:

Headaches	Can't keep a job	Sexual problems	No appetite	Anger
Alcoholism	Financial problems	Over ambitious	Nightmares	Lonely
Palpitations	Excessive sweating	Memory problems	Take drugs	Fatigue
Feel tense	Stomach trouble	Inferior feelings	Dizziness	Anxiety
Feel panicky	Unable to relax	Shy with people	Allergies	Insomnia
Fainting spells	Bowel disturbances	Often use aspirin or painkillers		Conflict
Suicidal ideas	Can't make decisions	Home conditions bad		Tremors
Can't make friends		Don't like weekends and vacations		
Concentration difficulties		Unable to have a good time		

Others: please list additional problems or difficulties here. _____

j) Underline any of the following words that apply to you:

Worthless, useless, a "nobody", "life is empty"
 Inadequate, stupid, incompetent, naive, "can't do anything right"
 Guilty, evil, morally wrong, horrible thoughts, hostile, full of hate
 Anxious, agitated, cowardly, unassertive, panicky, aggressive
 Ugly, deformed, unattractive, repulsive
 Depressed, lonely, unloved, misunderstood, bored, restless
 Confused, unconfident, in conflict, full of regrets
 Worthwhile, sympathetic, intelligent, attractive, confident, considerate
 Successful, relaxed, carefree, happy, respected

Others _____

k) Present interests, hobbies and activities: _____

l) How is most of your free time occupied? _____

m) What is the last grade of schooling that you completed? _____

Scholastic abilities; strengths and weaknesses: _____

Were you ever bullied or severely teased? _____

n) Do you make friends easily? _____ Do you keep them? _____

OCCUPATIONAL DATA

What sort of work are you doing now? _____

Kinds of jobs held in the past? _____

Does your present work satisfy you? _____

If not, in what ways are you dissatisfied? _____

What do you earn? _____ How much does it cost you to live? _____

AMBITIONS

Past _____

Present _____

SEXUAL DATA

Is your present sex life satisfactory? _____

If not, please explain _____

Provide information about any significant heterosexual (and/or homosexual) reactions or difficulties: _____

Are you sexually inhibited in any way? _____

Do you have any physical problems that preclude or hinder your sexual activity: _____

If so, please specify the nature of this/these problem(s): _____

MARITAL HISTORY

How long did you know your marriage partner before marriage? _____

Husband's/Wife's age: _____ Occupation of husband/wife: _____

Personality of husband/wife (in your own words): _____

In what area(s) is there incompatibility? _____

Do any of your children present special problems? _____

If yes, please explain: _____

FAMILY HISTORY

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

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

Give an impression of your home atmosphere (i.e., the home in which you grew up).
Mention state of compatibility between parents and between parents and children.

Were you able to confide in your parents? _____
Did your parents understand you? _____
Basically, did you feel loved and respected by your parents? _____

If you have a step-parent, give your age when parent remarried: _____

Give an outline of your religious training: _____

If you were not brought up by your parents, who did bring you up, and between what years? _____

Who are the most important people in your life? (List in order.) _____

Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder"? _____
If yes, who? _____

Are there any other members of the family about whom information regarding illness, etc., is relevant? _____ If yes, who? _____

Recount any fearful or distressing experiences not previously mentioned: _____

SELF-DESCRIPTION Please complete the following:

- a) I am a person who _____
- b) All my life _____
- c) Ever since I was a child _____
- d) One of the things I feel proud of is _____
- e) It's hard for me to admit _____
- f) One of the things I can't forgive is _____
- g) One of the things I feel guilty about is _____
- h) If I didn't have to worry about my image _____
- i) One of the ways people hurt me is _____
- j) Mother was always _____
- k) What I needed from mother and didn't get was _____
- l) Father was always _____
- m) What I wanted from my father and didn't get was _____
- n) If I weren't afraid to be myself, I might _____
- o) One of the things I'm angry about is _____
- p) What I need and have never received from a woman (man) is _____
- q) The bad thing about growing up is _____
- r) One of the ways I could help myself but don't is _____

Is there anything about your present behavior that you would like to change? _____
 If so, what? _____

What feelings do you wish to alter (e.g., increase or decrease)? _____

Have you ever been in therapy before? _____

Have you recently experienced any major changes in your life? _____
 If so, what? _____

List the benefits/goals you have regarding this consultation: _____

Please add any information not addressed in this questionnaire that may aid your therapist in understanding and helping you: _____

THANK YOU!