

ASHEVILLE CONSULTATION.COM

PERSONAL DATA SUMMARY

NOTE: The information you provide is confidential. Provide as much information as feels comfortable to you.

Name: _____ Today's date: _____

Age: _____ Birthplace: _____ Birthdate: _____ Soc. Sec. #: _____

Home address: (with ZIP) _____

Home telephone: _____ Work telephone: _____

Employer: _____

Work address: (with ZIP) _____

EDUCATION (high school and beyond):

School and location	Dates	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK HISTORY (beginning with current employment):

Employer	Dates	Job description
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARITAL STATUS: _____ If married, when? _____ Spouse's name: _____

If divorced or widowed, give approximate dates of marriage: _____

If married more than once, give approximate dates of marriage(s): _____

CHILDREN:

Name	Sex	Age	Living with you?	Comment?*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY OF ORIGIN:

	Name	Age	Occupation	Comment?*
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Sisters	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Brothers	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

OTHER IMPORTANT PEOPLE IN YOUR LIFE (e.g. spouse, grandparents, friends):

Name	Relationship	Age	Comment*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate if any of the above persons are deceased and give date of death.

*e.g. health, unusual circumstances, difficulties or relationship with

MEDICAL HISTORY: General health: _____

Physical conditions requiring medical attention: _____

Medications: _____

Hospitalizations (give dates and reasons): _____

MILITARY SERVICE: Branch: _____ Rank: _____ Dates: _____

Tours of duty: _____

PREVIOUS COUNSELING OR PSYCHOTHERAPY: (None of these individuals will be contacted without your written permission.)

Name and profession Dates Reasons for beginning/ending

Please check any items on the following list which have been concerns for you in the past several weeks:

- Anxiety Suicidal thoughts Sexual behavior or sexual orientation
- Depression Alcohol or other substance use Work performance
- Stress Marital or other family problems Internet use
- Anger Eating problems Gambling
- Physical symptoms (pain, stomach problems, physical disease, etc.)

Other areas of concern:

How were you referred to me? _____

What are the concerns and circumstances that bring you into therapy at this time? Do you have particular goals in mind for psychotherapy? Are there other comments or information about yourself you wish to add? (use back of page for extra space)