



PERSONAL HISTORY QUESTIONNAIRE

Name: _____

Today's Date: _____

Date of Birth: _____

Pronouns: _____

Phone Number: _____

Email Address: _____

Address: _____

Race: _____

Ethnicity: _____

Sexual Orientation: _____

What brings you in for counseling? _____

What is your highest education level? _____

What is/was your area of study? _____

Did you require accommodations or additional support in school? Please explain:

Were you adopted? _____

Did you meet all developmental milestones on time? Please explain:

How many times did you move between birth and 18 years of age? _____

How many times did you move during adulthood (please include military deployments)?



Have you served in the military? If so, which service? Are you on active duty? If you have been discharged, what was the nature of the discharge?

What is your current occupation? _____

How long have you been in your current position? _____

How satisfied are you with your current position (1-10; 1 being the least satisfied, 10 being the most satisfied)? _____

What medications (and dosages) are you currently taking currently? _____

What major surgical procedures have you undergone? _____

If you have been in counseling before, please provide the years you had engaged in counseling services, diagnoses (if you know them), the provider's name and contact information (if you still possess it), and the years you were in their care:

Have you ever been hospitalized for psychiatric reasons? If so, please elaborate:

In the space below, please identify any biological family members who have struggled with mental illness:

Family Member	Mental Illness	Official Diagnosis? (y/n)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



What family members did you grow up with in your home? Please provide their names and their relationship to you:

Are your parents divorced? If so, what age were you at time of divorce? _____

Are you or have you ever been in a long-term romantic and/or sexual relationship? _____

If so, are you presently in that relationship? How long have you been in this relationship?

What is the nature of this relationship? Please select all that apply:

- ☐ Dating ☐ Married ☐ Separated ☐ Co-Parents ☐ Monogamous ☐ Polyamorous
☐ Open-Relationship ☐ Long-Distance ☐ It's Complicated

What is your satisfaction level with this relationship (rate 1-10; 1 is the least satisfied, 10 is the most satisfied): _____

What do you appreciate most about this relationship:

What do you believe could be improved within the context of this relationship:

How many prior marriages have you had? _____

Do you have children? If so, please list their names and ages below:

Who is a part of your present household (please include roommates):



Please describe the nature of your friendships (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Activity Partners | <input type="checkbox"/> Most friendships originated prior to adulthood |
| <input type="checkbox"/> Parents of my children's peers | <input type="checkbox"/> Most friendships originated in adulthood |
| <input type="checkbox"/> Used mostly for networking | <input type="checkbox"/> Many friendships |
| <input type="checkbox"/> Feel emotionally shallow | <input type="checkbox"/> Feel emotionally deep |
| <input type="checkbox"/> Few friendships | <input type="checkbox"/> I feel heard and safe within my friendships |
| <input type="checkbox"/> I have anxiety when around friends | <input type="checkbox"/> No friendships |
| <input type="checkbox"/> I struggle to initiate friendships | <input type="checkbox"/> I struggle to maintain friendships |

Have you experienced any of the following within the last 12 months:

- ☐ Separation/divorce/loss of a relationship partner.
- ☐ A loss through death of a significant person in your life.
- ☐ Relocation and/or change of jobs.

Please list your current level of substance use (include legal substances such as alcohol, nicotine, and marijuana use). Provide the name of the substance, age of first use, age of last use, frequency of use (note time in days of the week, month, or year), and indicate if you are still presently using the substance.

Substance	First Use	Last Use	Frequency	Currently Using?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have received treatment for substance use, please describe:

What are your interests and/or hobbies? _____
