

Patient Background

NAME _____ AGE _____ SEX _____

BIRTHDATE _____ PLACE OF BIRTH _____ MARITAL STATUS _____

CURRENT RELIGION _____ CHURCH ATTENDANCE (often, seldom, etc.) _____

OCCUPATION _____ PRESENT EMPLOYER _____

PARENTS' FIRST NAME	AGE	OCCUPATION	HEALTH
_____	_____	_____	_____
_____	_____	_____	_____

SISTER(S) & BROTHER(S) FIRST NAMES Listed in order, oldest to youngest

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR SPOUSE'S NAME

DAUGHTER(S) & SON(S) Listed in order, oldest to youngest

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION or TRAINING: _____

PREVIOUS PSYCHIATRIC OR PSYCHOLOGICAL THERAPY, COUNSELING (EXPLAIN) _____

MAJOR ACCIDENT, ILLNESS, OPERATION, HOSPITALIZATIONS (DETAILS) _____

MEDICATIONS YOU ARE TAKING: _____

CLUBS, SOCIAL GROUPS, & SUPPORT GROUPS _____

STATE IN YOUR OWN WORDS YOUR MAIN PROBLEMS: _____
