# New Day Counseling - Life History Self-Report Form **Adult**

The purpose of this form is to obtain a comprehensive understanding of you—your life experience and background. In answering the following questions as accurately and completely as you can, you will facilitate in the development of a treatment plan that is best suited to your individual needs.

**Please print clearly. If you need more space for any of the questions, please use the back of the sheet.**

Last Name ____________________________ First Name ______________________ MI _________________

Address _____________________________ City _____________________ State _______ ZIP ___________

Telephone (Home) _____________________ (Work) _____________________ (Cell) ___________________

**Ok to leave message?** Home: ☐ yes ☐ no Work: ☐ yes ☐ no Cell: ☐ yes ☐ no

Email address (optional): _______________________________________________________________________

Ok to send mail? Home: ☐ yes ☐ no Email: ☐ yes ☐ no

Birthdate _____/______/______ Age _________ Gender _____F _____M

Race (optional): ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Caucasian ☐ Other _____________

In case of emergency, contact:

Name (1) ___________________________ Relationship ________________ Phone ______________________

Address __________________________ City _____________________ State _________ Zip ______________

Name (2) ___________________________ Relationship ________________ Phone ______________________

Address __________________________ City _____________________ State _________ Zip ______________

Physician ________________________________________________________ Phone ______________________

Address __________________________ City _____________________ State _________ Zip ______________

**<u>Family Information</u>**

Your current relationship status:

☐ Never married ☐ Unmarried, living together (How long? _______) ☐ Engaged ☐ Widowed

☐ Married (How long? _______ Are you satisfied with your marriage? ☐ yes ☐ no )

☐ Divorce in process ☐ Divorced/Annulled [Date(s) ________________ Reason______________________]

☐ Separated ☐ In committed relationship (How long? _____________) ☐ Other ______________________

Assessment of relationship with significant other (if applicable) ☐ Good ☐ Fair ☐ Poor ☐ Other ________

| Relationship | Name | Age | *Yes or No:* Living? If no, year | Living with you? | Step or Adopted? |
|---|---|---|---|---|---|
| Spouse | | | | | |
| Children: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Mother | | | | | |
| Father | | | | | |

Significant others (brothers, sisters, grandparents, relatives, step-relatives):

| Relationship | Name | Age | Living? If "no" Cause of death, year, and your age at time | *Yes or No:* Living with you? | *Yes or No:* Step or Adopted? |
|---|---|---|---|---|---|
| | | | | | |
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City and State of major childhood residence: ____________________________________________

Parents: ☐ Married ☐ Divorced (Your age at time of divorce: ____) ☐ Separated ☐ Living Together

Were you adopted? ☐ Yes ☐ No *If yes,* from what age did you know? ___________________________
If you were not brought up by your parents, who raised you? Between what years? ____________________
______________________________________________________________________________

FATHER – Occupation: ____________________ Mother – Occupation: ____________________________

SIBLINGS: What is your birth order (oldest, youngest, middle, only child?) _________________________

How would you describe your relationship with your parents and siblings? Is there anyone that you are particularly distant from or close with? Have problems with? ____________________________________
______________________________________________________________________________

Does anyone in your family suffer from a mental or emotional disorder (depression, anxiety, alcoholism, schizophrenia, etc.)? ☐ Yes ☐ No Please explain:____________________________________________
______________________________________________________________________________

Has any one of your relatives ever attempted or committed suicide? ☐Yes ☐ No

Are there traumatic, unusual, or special circumstances that occurred in your life? ☐Yes ☐No
*If yes,* please describe _______________________________________________________________

Has there been a history of child abuse? ☐Yes ☐ No
*If yes,* which type(s)? ☐ Sexual ☐ Physical ☐ Verbal ☐ Other: ________________________________

Parenting style of parents:

☐ Authoritative (fair) ☐ Authoritarian (overly strict) ☐ Permissive (few rules)

**Education**
What is the last grade of school you completed or highest degree?___________________________________

Are you in school now? ☐ Yes ☐ No *If yes,* where?_________________Major?____________________

Other training:______________________Strengths:_________________Weaknesses:__________________

Average school grades __________ Favorite areas of study:_________ Least favorite __________________

**Work History**
**Current Employment Status:**

☐FT ☐PT ☐Temp ☐Laid-off ☐Disabled ☐Retired ☐Social Security ☐Student ☐Other:___________

What type of work do you do? __________________________Current Employer ______________________
Are you satisfied with the type of work you do? ☐ Yes ☐ No *If no*, please explain: __________________

_____________________________________________________________________________________
What kinds of jobs have you held in the past?______________________Reason(s) you left______________
Employment Status and type of work of your Significant Other?_____________________________________

Do you do any volunteer work? ☐ Yes ☐ No *If yes,* explain:_____________________________________

**Military**
Military service? ☐Yes ☐ No Branch _____________ # of Tours _____ Combat experience? ☐Yes ☐ No

Discharge date ______________ Type of Discharge_______________ Rank at discharge ______________

Family member in the service? ☐Yes ☐ No Who? _____________________________________________

**Counseling History**
Have you ever sought help from a counselor, psychologist, psychiatrist, pastor, or other professional?

☐ Yes ☐ No *If yes:* where, when, and for what?______________________________________________

Was it helpful? ☐ Yes ☐ No Explain: _____________________________________________________

Have you ever been hospitalized for emotional reasons? ☐ Yes ☐ No *If yes,* please explain.

_____________________________________________________________________________________

**Social Relationships**
How do you describe your interactions with others?
☐ Leader ☐ Follower ☐ Friendly ☐ Outgoing ☐ Shy ☐ Uncomfortable ☐ Guarded ☐ Aggressive
☐ Affectionate ☐ Withdrawn ☐ Submissive ☐ People Pleaser ☐ Bossy Other ___________________

Sexual Orientation ☐ heterosexual ☐ homosexual ☐ bisexual Comments:__________________________

Do you currently have supportive friendships? ☐ Yes ☐ No Comments______________________________

Do you have a history of social problems? ☐ being bullied ☐ bullying others ☐ being abused – what type of abuse (circle all that apply) emotional, sexual, physical, verbal ☐ abusing others

**Medical History**
How do you rate your present physical health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

List any medical problems you are currently experiencing:__________________________________________

_____________________________________________________________________________________

List any medications you are currently taking:

| Name of medication | Dosage | Frequency | Reason |
| --- | --- | --- | --- |
| | | | |
| | | | |
| | | | |
| | | | |

## Personal Health History

Have you ever had thoughts of suicide (killing yourself)? ☐Yes ☐ No
*If yes,* when?______________________________________________________________

Have you ever taken any action toward ending your life? ☐Yes ☐ No
*If yes,* please explain: ______________________________________________________

Have you ever had thoughts or plans of homicide (killing someone else)? ☐Yes ☐ No
*If yes,* please explain:_______________________________________________________

Do you feel suicidal or homicidal at this time? ☐Yes ☐ No If yes, explain__________________________
______________________________________________________________________________

## Self Care

How many hours of sleep do you receive in a typical night? ___________hours

Any problems: ☐ Falling asleep ☐ Staying asleep

Do you exercise on a regular basis? ☐ Yes ☐ No Explain _________________________________

How often? ___________times per week/ _________ times per month and typically _________ min/hours

Are you currently on a diet? ☐ Yes ☐ No Explain ______________________________________

Describe your current eating habits ___________________________________________________

## Leisure/Recreational

Describe hobbies or special interests you have (e.g., physical fitness, cooking, sports, arts, crafts, outdoor activities, music, traveling, dancing, concert-going, theatre, hunting, fishing, swimming, etc.)

| Activity | How Often Now? | How Often in the Past? |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |

## Spiritual/Religious

How important are spiritual matters to you? ☐ Not at all ☐ Somewhat ☐ Important ☐ Very Important

Are you affiliated with a spiritual or religious group? ☐Yes ☐ No
*If yes,* describe ____________________________________________________________

Were you raised with a spiritual/religious upbringing? ☐Yes ☐ No
*If yes,* describe ____________________________________________________________

Would you like your spiritual/religious beliefs incorporated into the counseling? ☐Yes ☐ No
*If yes,* describe ____________________________________________________________

**Current Legal Status and History**

Are you involved in any active cases? (traffic, civil, criminal)? ☐Yes ☐ No

*If yes,* please describe and indicate court and hearing/trial dates and charges ___________________________

_____________________________________________________________________________

Are you currently on parole or probation? ☐Yes ☐ No

*If yes,* please describe _____________________________________________________________

Have you ever had any traffic violations in the past? ☐Yes ☐ No DWI, DUI, etc. ☐Yes ☐ No

Criminal involvement ☐Yes ☐ No Civil involvement ☐Yes ☐ No

*If yes,* please describe charges, dates and results _____________________________________________

_____________________________________________________________________________

**Substance Use History**

Please list any recreational chemicals that you currently use or have used in the past (alcohol, marijuana, cocaine, crack, sedatives, tranquilizers, painkillers, barbiturates, heroin, ecstacy, hallucinogens, etc.)

_____________________________________________________________________________

Current substance of preference: _____________________________________________________

When and where was your last drink/drug use? _________________________How much?________________

Check the items below that describe your present drinking/drug use pattern:

| | | |
|---|---|---|
| ☐ No use | ☐ Irregular & excessive | ☐ Rarely (once a month) |
| ☐ Regularly (daily) | ☐ Short binges (1-2 days) | ☐ Only on holidays |
| ☐ Heavy (daily) | ☐ Long binges (4+ days) | ☐ Occasionally (weeknds) |

Reason(s) for use: ☐ Addicted ☐ Build confidence ☐ Socialization ☐ Taste ☐ Relaxation/Unwind
☐ Escape ☐ Self-medication ☐ Other (specify):_____________________________________________

Have you ever received professional treatment for drug/alcohol problem (include AA)? ☐Yes ☐ No
*If yes,* when?_____________________________________________________________________

Nature of treatment: ☐ Inpatient ☐ Outpatient ☐ Detoxification ☐ Self-help

Do you think, now or in the past, you have a drinking/drug abuse problem? ☐Yes ☐ No

Has anyone ever expressed concern about your drinking/drug use? ☐Yes ☐ No
*If yes,* please explain: ___________________________________________________________

Does anyone in your family currently have a drug/alcohol problem? ☐ Yes ☐ No
*If yes,* please explain: _____________________________________________________________

Is there anything else you would like to share that was not included in this form, please use the space below and/or back of this sheet.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

**Signature** _____________________________________________ **Date**________________________________