

# General Counseling Biographical Information Form

Family Beginnings, PC  
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**Note: To assist us in helping you, please fill out this form as fully and openly as possible. All private information is held in the strictest confidence within legal limits. If certain questions do not apply to you please leave them blank. PLEASE RETURN FORM ONE WEEK BEFORE SCHEDULED APPOINTMENT.**

## Personal History

- 1) Name: \_\_\_\_\_ 2) Age: \_\_\_\_ 3) Gender: \_\_ M \_\_ F  
4) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
5) Weight: \_\_\_\_\_ 6) Height: \_\_\_\_ 7) Eye color: \_\_ 8) Hair color: \_\_\_\_\_  
9) Race: \_\_\_\_\_ 10) Today's date: \_\_\_\_\_ 11) Date of birth: \_\_ 12)  
Years of education: \_\_\_\_\_ 13) Occupation: \_\_\_\_\_  
14) Home phone: \_\_\_\_\_ 15) Business phone: \_\_\_\_\_  
16) Present marital status: \_\_\_\_\_  
17) If married, are you living with your spouse at present?  
Yes \_\_\_\_ No \_\_\_\_

18) If married, years married to present spouse: \_\_\_\_\_

19) Family Information

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Relationship	Name	Age	Living		Living with you	
			Yes	No	Yes	No
Mother	_____	_____	___	___	___	___
Father	_____	_____	___	___	___	___
Spouse	_____	_____	___	___	___	___
Children	_____	_____	___	___	___	___
	_____	_____	___	___	___	___
	_____	_____	___	___	___	___

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Significant others (brothers, sisters, grandparents, step-relatives, half-relatives. Please specify relationship.)

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Relationship	Name	Age	Living		Living with you	
			Yes	No	Yes	No
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___
_____	_____	_____	___	___	___	___

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**Your Mother** (or mother substitute)

20) Briefly describe your mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21) Your mother's occupation when you were a child: \_\_\_\_\_  
\_\_\_ stayed home \_\_\_ worked outside part-time \_\_\_ worked outside full-time

22) How did you get along with your mother when you were a child?

\_\_\_ poorly                      \_\_\_ average                      \_\_\_ well  
23) How do you get along with your mother now?  
\_\_\_ poorly                      \_\_\_ average                      \_\_\_ well

24. Did you mother have any problems (e.g., alcoholism, violence, etc.) that may have affected your childhood development? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

25) Describe overall how your mother treated the following people as you were growing up:

(Circle one answer for each)

Your mother's treatment of:	Poor			Average			Excellent
1) You	1	2	3	4	5	6	7
2) Your family	1	2	3	4	5	6	7
3) Your father	1	2	3	4	5	6	7

**Your Father** (or father substitute)

26) Briefly describe your father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27) Your father's occupation when you were a child: \_\_\_ stayed home  
\_\_\_\_\_ worked outside part-time \_\_\_\_\_ worked outside full-time

28) How did you get along with your father when you were a child?  
\_\_\_ poorly                      \_\_\_ average                      \_\_\_ well

29) How do you get along with your father now?  
\_\_\_ poorly                      \_\_\_ average                      \_\_\_ well

30) Did you father have any problems (e.g., alcoholism, violence) that may have affected your childhood development? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

31) Describe overall how your father treated the following people as you were growing up:

(Circle one answer for each)

Your father's treatment of:	Poor			Average			Excellent
1) You	1	2	3	4	5	6	7
2) Your family	1	2	3	4	5	6	7
3) Your mother	1	2	3	4	5	6	7

### Spiritual/Religious

32) How important to you are spiritual matters? \_\_\_\_\_ Not \_\_\_\_\_ Little  
\_\_\_\_\_ Moderate \_\_\_\_\_ Much

33) Would you like your spiritual/religious beliefs incorporated into the counseling?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, describe: \_\_\_\_\_

### Legal

#### Current Status

34) Are you involved in any active cases (traffic, civil, criminal)? \_\_\_ Yes \_\_\_ No  
If Yes, please describe and indicate the court and hearing/trial dates and charges:

\_\_\_\_\_

35) Are you presently on probation or parole? \_\_\_ Yes \_\_\_ No

If Yes, please describe: \_\_\_\_\_

#### Past History

Traffic violations: \_\_\_ Yes \_\_\_ No

DWI, DUI, etc.: \_\_\_ Yes \_\_\_ No

Criminal involvement: \_\_\_ Yes \_\_\_ No

Civil involvement: \_\_\_ Yes \_\_\_ No

If you responded Yes to any of the above, please fill in the following information.

Charges	Date	Where (city)	Results
_____	_____	_____	_____

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**36) Education**

Fill in all that apply:

Years of education:          Currently enrolled in school? Yes  No

High school grad/GED

Vocational: Number of years:          Graduated:          Yes  No  Major:         

College: Number of years:          Graduated:          Yes  No  Major:         

Graduate: Number of years:          Graduated:          Yes  No  Major:         

Other training:         

Special circumstances (e.g., learning disabilities, gifted):         

        

**37) Employment**

Begin with most recent job, list job history:         

Employer	Dates	Title	Reason left the job	How often miss work?
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

Currently:  FT  PT  Temp  Laid-off  Disabled  Retired

Social Security  Student         

Other (describe):         

**38) Military**

Military experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

Combat experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where: \_\_\_\_\_

Branch: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Date drafted: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Date enlisted: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

### 39) Leisure/Recreational

Describe special areas of interest or hobbies (e.g., art, books, crafts, physical fitness, sports, outdoor activities, church activities, walking, exercising, diet/health, hunting, fishing, bowling, traveling, etc.)

Activity	How often now?	How often in the past?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 40) Development

Are there special, unusual, or traumatic circumstances that affected your development?

\_\_\_ Yes \_\_\_ No

If Yes, please describe: \_\_\_\_\_

Has there been history of child abuse? \_\_\_ Yes \_\_\_ No

If Yes, which type(s)? \_\_\_\_\_ Sexual \_\_\_ Physical \_\_\_\_\_ Verbal

If Yes, the abuse was as a: \_\_\_\_\_ Victim \_\_\_\_\_ Perpetrator

Other childhood issues: \_\_\_\_\_ Neglect \_\_\_\_\_ Inadequate nutrition

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

Comments re: childhood development: \_\_\_\_\_

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**41) Social Relationships**

Check how you generally get along with other people: (check all that apply)

- Affectionate  Aggressive  Avoidant  Fight/argue often  
 Follower  Friendly  Leader  Outgoing  Shy/withdrawn  
 Submissive  
 Other (specify): \_\_\_\_\_

Sexual orientation: \_\_\_\_\_

Comments: \_\_\_\_\_

Sexual dysfunctions?  Yes  No

If Yes, describe: \_\_\_\_\_

Any current or history of being as sexual perpetrator? \_\_\_\_\_

Yes  No

If Yes, describe: \_\_\_\_\_

**42. Cultural/Ethnic**

To which cultural or ethnic group, if any, do you belong? \_\_\_\_\_

Are you experiencing any problems due to cultural or ethnic issues?

\_\_\_\_\_ Yes  No

If Yes, describe: \_\_\_\_\_

Other cultural/ethnic information: \_\_\_\_\_

\_\_\_\_\_

**43) Counseling/Prior Treatment History**

\_\_\_\_\_ Yes No When Where \_\_\_\_\_

Counseling/Psychiatric treatment \_\_\_\_\_

Suicidal thoughts/attempts \_\_\_\_\_

Drug/alcohol treatment \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Involvement with self-help \_\_\_\_\_

\_\_\_\_\_ groups (e.g., AA, Al-Anon,  
NA, Overeaters Anonymous)

Information about family/significant others (past and present):

	Yes	No	When	Where
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Counseling/Psychiatric treatment	_____	_____	_____	_____
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Suicidal thoughts/attempts	_____	_____	_____	_____
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Drug/alcohol treatment	_____	_____	_____	_____
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Hospitalizations	_____	_____	_____	_____
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Involvement with self-help	_____	_____	_____	_____
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\_\_\_\_\_ groups (e.g., AA, Al-Anon,  
NA, Overeaters Anonymous)

Please check behaviors and symptoms that occur to you more often than you would like them to take place:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aggression          | <input type="checkbox"/> Elevated mood       | <input type="checkbox"/> Phobias/fears          |
| <input type="checkbox"/> Alcohol dependence  | <input type="checkbox"/> Fatigue             | <input type="checkbox"/> Recurring thoughts     |
| <input type="checkbox"/> Anger               | <input type="checkbox"/> Gambling            | <input type="checkbox"/> Sexual addiction       |
| <input type="checkbox"/> Antisocial behavior | <input type="checkbox"/> Hallucinations      | <input type="checkbox"/> Sexual difficulties    |
| <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Heart palpitations  | <input type="checkbox"/> Sick often             |
| <input type="checkbox"/> Avoiding people     | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sleeping problems      |
| <input type="checkbox"/> Chest pain          | <input type="checkbox"/> Hopelessness        | <input type="checkbox"/> Speech problems        |
| <input type="checkbox"/> Cyber addiction     | <input type="checkbox"/> Impulsivity         | <input type="checkbox"/> Suicidal thoughts      |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Irritability        | <input type="checkbox"/> Thoughts disorganized  |
| <input type="checkbox"/> Disorientation      | <input type="checkbox"/> Judgment errors     | <input type="checkbox"/> Trembling              |
| <input type="checkbox"/> Distractibility     | <input type="checkbox"/> Loneliness          | <input type="checkbox"/> Withdrawing            |
| <input type="checkbox"/> Dizziness           | <input type="checkbox"/> Memory impairment   | <input type="checkbox"/> Worrying               |
| <input type="checkbox"/> Drug dependence     | <input type="checkbox"/> Mood shifts         | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Eating disorder     | <input type="checkbox"/> Panic attacks       | _____   |



**43. Substance Abuse Questions**

Describe when and where you typically use substances: \_\_\_\_\_

\_\_\_\_\_

Describe any changes in your use patterns: \_\_\_\_\_

\_\_\_\_\_

Describe how your use has affected your family or friends (include their perceptions of your use): \_\_\_\_\_

\_\_\_\_\_

Reason(s) for use:

Addicted     Build confidence     Escape     Self-medication

Socialization     Taste     Other (specify): \_\_\_\_\_

How do you believe your substance use affects your life? \_\_\_\_\_

\_\_\_\_\_

Who or what has helped you in stopping or limiting your use? \_\_\_\_\_

Does/Has someone in your family present/past have/had a problem with drugs or alcohol?

Yes     No    If

Yes, describe: \_\_\_\_\_

Have you had withdrawal symptoms when trying to stop using drugs or alcohol?     Yes     No

If Yes, describe: \_\_\_\_\_

Have you had adverse reactions or overdose to drugs or alcohol? (describe):

\_\_\_\_\_

Have drugs or alcohol created a problem for your job?  Yes     No

If Yes, describe: \_\_\_\_\_

**44. Thoughts and Behaviors**

Please check how often the following thoughts occur to you:

1) Life is hopeless.     Never     Rarely     Sometimes  
 Frequently

- 2) I am lonely. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 3) No one cares about me. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 4) I am a failure. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 5) Most people don't like me. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 6) I want to die. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 7) I want to hurt someone. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 8) I am so stupid. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 9) I am going crazy. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 10) I can't concentrate. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 11) I am so depressed. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 12) God is disappointed in me. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 13) I can't be forgiven. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 14) Why am I so different? \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 15) I can't do anything right. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 16) People hear my thoughts. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 17) I have no emotions. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 18) Someone is watching me. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 19) I hear voices in my head. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently
- 20) I am out of control. \_\_\_\_\_ Never \_\_\_\_\_ Rarely \_\_\_\_\_ Sometimes \_\_\_\_\_  
Frequently

**46) List your five greatest strengths:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**47) List your five greatest weaknesses:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**48) List your main social difficulties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**49) List your main love and sex difficulties:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**50) List your main difficulties at school or work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**51) List your main difficulties at home:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**52)List your behaviors you would like to change:**

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**End**