

Front Range Counseling & Mediation, PC

Purpose: The purpose of this questionnaire is to obtain a comprehensive picture of your family's background. By completing these questions as fully and as accurately as you can, you will facilitate your therapeutic program.

Name: _____ Today's Date: _____

Identification of Presenting Issue:

Briefly describe your presenting issue: _____

Family Health Information

Is any family member under the care of a physician? _____ For how long? _____

If so, please describe the condition(s) being treated:

List any medications you are taking:

Mom: _____

Dad: _____

Child: _____

Child: _____

Child: _____

Child: _____

Name of Family Doctor: _____

Address: _____ Phone: _____

Please describe any family history of head injuries, blackouts, seizures if applicable: _____

Any family history of mental illness: _____ If so, when was diagnosis?: _____

Diagnosis by whom: _____ Medications taken: _____

Please list any previous mental health treatment for each family member:

Who was treated?	Where/Therapist	Dates of treatment	What was treatment for?
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_____	_____	_____	_____
_____	_____	_____	_____

Please describe any family history of mental illness:

Have any family member ever had suicidal thoughts? ____ Suicide attempts? ____ Any suicidal thoughts now? ____

If so, please describe:

Any family history of suicide? _____ If so, please describe: _____

Does any family member smoke, how much? _____ How much caffeine/day? _____

What exercise does family get? _____

How is the family's diet? _____

Does any family member experience sleep difficulties? _____

Family Data

Are the parents:

married re-married separated divorced If separated/divorced, when? _____

MOM: # of marriages: _____ #of divorces: _____ # of children: _____

DAD: # of marriages: _____ #of divorces: _____ # of children: _____

Who provides the family with support? (emotional/parenting/financial, etc)

Please describe important life events or things that have happened which you feel impact your family: _____

Is there any family history of abuse? If so, please check each that apply.

Physical? _____ Sexual? _____ Verbal? _____ Emotional? _____ Neglect? _____

If so, please provide as much information about the abuse as you are comfortable with:

Highest level of education completed MOM: _____ DAD: _____ Child: _____ Child: _____

Child: _____ Child: _____

Religious/spiritual preference: _____

Occupational Data

MOM

Present job: _____

Feelings of your job: _____

Would you like to be doing something else? If so, what? _____

DAD

Present job: _____

Feelings of your job: _____

Would you like to be doing something else? If so, what? _____

