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Life History

Date _____

Name of Client _____ Age _____

Gender: M F Date of birth _____ Place of birth _____

Home address _____

Telephone (____) _____ (home) (____) _____ (work)

Occupation/school grade _____ Marital status: S W M D Other

Primary physician _____ Phone _____

Date of last physical _____ Allergies _____

Present medical conditions _____

Prescribing psychiatrist _____ Phone _____

Current medications and dosage _____

Emergency contact _____ Phone _____

Where (apartment, house) and with whom are you now living? (list people, age, and relationship)

Treatment Goals and History

What made you decide to seek therapy at this time?

Please describe the problem that brought you to counseling and indicate how long it has been bothering you. What would you like to get out of counseling? What do you expect from your counselor?

Have you ever seen a mental health professional before about this problem and/or others? Was the experience helpful? Please list past providers with dates.

Recreation

What do you do when you're not in school or working? What do you do for fun?

How is most of your free time occupied?

Education

What is the last grade of schooling that you completed?

What were your best and worst subjects in school?

Social History

Do you make friends easily?

Do you keep them?

Do you have a *few close friends* or *many casual friends* (circle one)?

Occupational data

What sort of work are you doing now?

What kinds of jobs have you done in the past?

Does your present work satisfy you? _____ (if not, why not?)

Where do you want to be in five years?

Domestic History

Occupation of your husband/wife/partner _____ Age _____

What do you especially like about your relationship with this person?

What would you like to change in your relationship with this person?

What do you have in common with this person?

How are you and this person different?

Before meeting this person, were you in other long-term relationships? How many?

Please list the names, genders, and dates of birth of your children, if any.

Family of origin

Please describe your father. Is he:

Living or deceased?

If deceased, how old were you when he died?

What was the cause of his death?

If alive, how old is your father now?

What is/was his occupation?

Please describe your mother. Is she:

Living or deceased?

If deceased, how old were you when she died?

What was the cause of her death?

If alive, how old is your mother now?

What is/was her occupation?

Please give the names and birthdates of your siblings:

Please describe your home as a child. What were relationships between siblings like? Between your parents (stepparents, foster parents, or other parents who raised you)? Between the adults in the house and the children?

Please describe any major life changes that occurred during your childhood (major moves, deaths in the family, losses, including illness in the family, changes in financial circumstances, etc.)

Were you brought up in any religious faith? If so, which one? Were there specific values that you were taught to honor? Which ones?

Thank you.