

**GRACE COUNSELING CENTER  
PERSONAL HISTORY INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(other) \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Age: \_\_\_\_\_

Marital status:

Never married \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

(How long? \_\_\_\_\_)

**FAMILY HISTORY:**

Father

Mother

Names: \_\_\_\_\_

Ages: \_\_\_\_\_

Where do they live? \_\_\_\_\_

If deceased, dates: \_\_\_\_\_

Brothers and Sisters (oldest to youngest)

Name(s):      Age:      Sex:      Occupation:      Where living:      Deceased?(Y/N)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Children's Names:      Age:      Sex:      Grade:      Lives at home?      Step?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HISTORY:**

Employment:

Current employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Job title/duties: \_\_\_\_\_

Previous experience: \_\_\_\_\_

Finances: \_\_\_\_\_

Military:      Current \_\_\_\_\_      Previous \_\_\_\_\_      N/A \_\_\_\_\_

Branch: \_\_\_\_\_ Active duty? \_\_\_\_\_ Combat? \_\_\_\_\_

Discharge date: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Education:

Highest grade achieved: \_\_\_\_\_  
Name of College/Vocational School: \_\_\_\_\_  
Degree: \_\_\_\_\_ Graduate or Professional School: \_\_\_\_\_

Legal: Current \_\_\_\_\_ Previous \_\_\_\_\_ N/A \_\_\_\_\_  
Charges: \_\_\_\_\_ Probation? \_\_\_\_\_  
Court district: \_\_\_\_\_

Abuse: Current \_\_\_\_\_ Previous \_\_\_\_\_ N/A \_\_\_\_\_  
Type: Verbal/Emotional \_\_\_\_\_ Physical \_\_\_\_\_ Sexual \_\_\_\_\_  
Who was/is the abuser(s)? \_\_\_\_\_  
Have you ever abused anyone? \_\_\_\_\_

Substance abuse: Current \_\_\_\_\_ Previous \_\_\_\_\_ N/A \_\_\_\_\_  
Past week? \_\_\_\_\_ Past month? \_\_\_\_\_ Past year? \_\_\_\_\_  
Type(s): \_\_\_\_\_  
Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Has alcohol/drug use ever caused a problem? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
Have you ever been treated for substance abuse? \_\_\_\_\_  
Have you ever attended a 12-Step Group? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
Does anyone in your family have alcohol/addiction problems? \_\_\_\_\_  
Who? \_\_\_\_\_

Trauma:  
List any significant past trauma experienced by you or those close to you (i.e., death, divorce, sickness, crime, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social History:  
How do you generally get along with people? \_\_\_\_\_  
How many close friends do you have? \_\_\_\_\_  
What do you like to do socially: \_\_\_\_\_  
What leisure activities do you enjoy: \_\_\_\_\_

Religion:  
Religious background: \_\_\_\_\_  
Do you attend a church? \_\_\_\_\_  
Name of church: \_\_\_\_\_  
What part does God play in your life? \_\_\_\_\_  
\_\_\_\_\_

Medical History:

Physician: \_\_\_\_\_ City: \_\_\_\_\_

Date last seen: \_\_\_\_\_ Reason: \_\_\_\_\_

Ongoing medical conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Pregnancies: \_\_\_\_\_ Live births: \_\_\_\_\_ Other: \_\_\_\_\_

Previous Mental Health Treatment: Yes\_\_\_\_ No\_\_\_\_

Previous counselor(s): \_\_\_\_\_

How long ago: \_\_\_\_\_ Where: \_\_\_\_\_

Treatment for: \_\_\_\_\_ How many sessions: \_\_\_\_\_

Other family members in treatment: \_\_\_\_\_

Current Mental Health Treatment:

Are you seeing another counselor for any reason? \_\_\_\_\_

Do you have any current suicidal or homicidal thoughts/plan? \_\_\_\_\_

Past attempts? \_\_\_\_\_

**DAILY ROUTINE:**

Eating:

How is your appetite? \_\_\_\_\_

Any changes in the last six months? \_\_\_\_\_

Recent weight loss or gain? \_\_\_\_\_

Problems in eating habits? \_\_\_\_\_

History of eating disorder? \_\_\_\_\_ Use of laxatives? \_\_\_\_\_

Sleeping:

How well do you sleep? \_\_\_\_\_

Any changes in the last six months? \_\_\_\_\_

Fall asleep OK? \_\_\_\_\_ Stay asleep? \_\_\_\_\_

Use of sleep aids? \_\_\_\_\_

Energy level during the day? \_\_\_\_\_

**Additional Comments or Family Issues?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for your cooperation!*