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BACKGROUND INFORMATION

Please complete the following questions to the best of your ability. Bring it back on your next visit. The more we understand about you, the better able we are to assist you and speed the resolution of your concerns. Thanks.

YOUR NAME: _____ **Date:** _____

MEDICAL

When was your last physical exam? _____ Anything noteworthy? _____

Are you currently taking any medications? Yes:___ No:___ If yes, what and why? _____

How would you rate your physical health: Excellent:___ Good:___ Fair: ___ Poor: ___ Very poor:___

Briefly identify any significant current or past physical problems: _____

Have you ever been hospitalized for an emotional or mental illness or chemical dependency? Yes: ___ No: ___
If yes, describe: _____

EMOTIONAL HISTORY

Have you ever sought professional counseling before? Yes:___ No:___ If yes, when:_____ Why: _____ With whom? _____ Were you satisfied with the counseling? Yes: ___ No: ___

Why are you seeking counseling now? _____

How long have you been experiencing this difficulty? _____

The event which led me to my phoning for an appointment now rather than a few days or two weeks ago was: _____

How severe do you believe this problem is? Just an irritant: ___ Mildly upsetting: ___ Moderate: ___ Severe: ___
Extremely severe: ___ Totally incapacitating: ___

Family history of related issues: Do you have any blood relatives who have had any similar problems as you have now? Also, please comment on any blood relatives who have had or seem to have had any psychological or emotional problems, suicide attempts, psychiatric hospitalizations, or very eccentric behavior?

ISSUES OF SAFETY I have had thoughts of suicide in the last few days or two weeks: Yes: ___ No: ___

If yes, for how long have these thoughts been there? _____

I have a plan as to how to suicide: Yes: ___ No: ___ The plan I have: _____

Have you ever in your life made any attempt to end your life? Yes: ___ No: ___

I wish that my death would happen, but I would not cause it myself: Yes: ___ No: ___

FAMILY DEVELOPMENTAL HISTORY

Cities and states where I was primarily raised: _____

My parents were married only to each other:

Yes: ___

No: My father was married a total of ___ times.

My mother was married a total of ___ times.

<u>First names of mother & stepmothers</u>	<u>length of marriage or relationship</u>	<u>names of children born to each relationship</u>	<u>your age upon start of each relationship</u>
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1 st _____	_____	_____	_____
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2 nd _____	_____	_____	_____
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3 rd _____	_____	_____	_____
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<u>first names of father & stepfathers</u>	<u>length of marriage or relationship</u>	<u>names of children born to each relationship</u>	<u>your age upon start of each relationship</u>
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1 st _____	_____	_____	_____
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2 nd _____	_____	_____	_____
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3 rd _____	_____	_____	_____
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If there were any divorces, how often did you have contact with the parent no longer in the home? _____

What kind of work did your father do when you were growing up? _____

What kind of work did your mother do when you were growing up? _____

Was the family financially stable when you were growing up? Yes: ___ No: ___

How did your parents usually get along with each other? _____

Your relationship with your father when you were growing up was:
childhood years: very close: ___ close: ___ distant: ___ very distant: ___
adolescent years: very close: ___ close: ___ distant: ___ very distant: ___

Your relationship with your mother when you were growing up was:
childhood years: very close: ___ close: ___ distant: ___ very distant: ___
adolescent years: very close: ___ close: ___ distant: ___ very distant: ___

How did you usually get along with your brothers and sisters? _____

How did you tend to get along with others your own age in grade school, junior high, and high school?

Please mention or describe any significant childhood experience or events that would be relevant in your sessions here. Also, please comment on how you felt about yourself in your youth: _____

CURRENT FAMILY HISTORY

Describe how you see yourself now and how you tend to get along with others: _____

Name of spouse or significant other: _____, type of work he/she does: _____
_____ Briefly describe the quality of the marriage/relationship: _____

Have there been any separations? Yes: ___ No: ___ How many? ___ When was the most recent? _____
How long did it last? _____ How long did other separations last? _____

If there has been any talk between the two of you of separation or divorce, recently or in the past, please comment: _____

Comment on the relationship between you and each of your children: _____

Total number of times you have been married: ___
Total number of times your spouse has been married: ___

Name each of the people in your household now and what is your relationship with each: _____

Name the cities and states where your parents, brothers and sisters live now, comment on whether or not you tend to get along with each, and how often you have contact with each. If any have died, about how long ago did that happen, and what was the cause of death? _____

MARRIAGE and/or SIGNIFICANT BOYFRIENDS/ GIRLFRIENDS

List the name and approximate ages of each of your spouses and/or significant girlfriends/boyfriends, their last known whereabouts, year of marriage and divorce (or start & ending of the romance), type of work each one did, names and ages of children by each relationship, how often you have contact with any child not in your household, and whether or not you periodically have conflict with previous spouses or significant others:

Name of spouse age marriage year divorce year whereabouts type of work

1st _____

children by 1st spouse age of child frequency of contact

Name of spouse age marriage year divorce year whereabouts type of work

2nd _____

children by 2nd spouse age of child frequency of contact

Name of spouse age marriage year divorce year whereabouts type of work

3rd _____

children by 3rd spouse age of child frequency of contact

Briefly describe each spouse or significant other and comment on what contributed to the end of each marriage:

ALCOHOL

You drink alcohol once every: _____ last drink: _____

What kind of alcohol do you drink? _____

How much alcohol is usually consumed every drinking occasion? _____

Have you ever had a DWI or DUI? Yes: ___ No: ___ How many? ____

When was the last one? _____

Have you ever attended AA meetings? Yes: ___ No: ___

Do you currently attend AA meetings? Yes: ___ No: ___

What is the longest continuous time in the past 12 months you have gone without any alcohol? _____

Do problems in your life seem to happen as a result of your drinking?

1. No:
2. Not now, but in the past. How long ago: _____
3. Yes: (check below)
 in my marriage with employment with the law
 in my family with friends with my health
 with money management with memory

OTHER DRUGS

When did you last use marijuana? _____ Never:
I use marijuana once every _____
Have you ever used cocaine? Yes: No: Last use: _____
Have you ever used meth amphetamines? Yes: No: Last use: _____
Types of other recreational or street drugs you have used in your life: _____

Last use of drugs listed above: _____

Do you misuse prescription or over-the-counter medications? Yes: No:

Have you ever attended any NA meetings? Yes: No:

Do problems seem to happen in your life as a result of use of recreational or street drugs?

1. No:
2. Not now, but in the past. How long ago: _____
3. Yes: (check below)
 in my marriage with employment with the law
 in my family with friends with my health
 with money management with memory

Do you have any relatives or significant relationships who have or had problems with alcohol or other drugs?
No: Yes: (please list, and include the type of chemical used or misused) _____

PHYSICAL AND SEXUAL ABUSE

Were you ever physically abused as a child: Yes: No:

Were you ever sexually abused as a child by any relatives, acquaintances or strangers?

Yes: No:

Were you ever physically abused or assaulted as an adult? Yes: No:

Were you ever sexually assaulted as an adult by any relatives, acquaintances or strangers, including dating situations? Yes: No:

EDUCATION What level of education or year in school did you last complete? _____ If you have had some college or were graduated, what was the school, the degree and major? _____

EMPLOYMENT

I am employed: Retired: Unemployed & looking: Disabled: Homemaker: Student:

Name of employer: _____ Length of employment there: _____

Current job title &/or type of work there: _____

If you are undergoing any particular undue stress on the job lately, please comment: _____

Would you say that your work history leans more toward job stability or more toward job instability?

Stability: Instability:

LEGAL ISSUES Do you have any current legal problems, including upcoming court dates, issues of child support payments, pending dissolution of marriage filing? _____

MILITARY Have you ever been in the military service, and if so, in which branch, for how long, and what kind of discharge did you have? _____

RELIGIOUS FAITH

Do you regularly attend church services? Yes: ___ No: ___ What faith or denomination? _____
_____ Name of church: _____ Would you say that your faith plays an important and central role in your life these days, or that it tends to play not such an important role in your life these days? Important: ___ Not so important: ___
If important, please comment in what ways your faith is important in your life: _____

Check as many as apply to your sense of spirituality:

Not spiritual: ___ Seeking: ___ Hurt by church: ___ Evangelical: ___ Skeptical: ___ Growing: ___
I love God: ___ Charismatic: ___ Born again: ___ God is unfair: ___ New Age: ___ Catholic: ___
Afraid of God: ___ Demonic: ___ Out of God's will: ___ Atheist: ___ Spirit-filled: ___ Losing my faith: ___
Mad at God: ___ Faithful: ___ God is hard to please: ___ Non-traditional: ___ God loves me: ___
Abandoned by God: ___

FINANCES

Are you having any problems meeting the needs of food or keeping a roof over your head? Yes: ___ No: ___
Are creditors periodically contacting you about unpaid and problematic bill? Yes: ___ No: ___
Ballpark guess as to your total credit card debt: _____ Do you have debts associated with gambling?
Yes: ___ No: ___

ACTIVITIES & INTERESTS Comment on any activities of special interest to you, what you enjoy doing with your time, and describe how a usual day goes for you: _____

Thanks! **On the back of these sheets, or below this line, feel free to add any information you think would be helpful.**