Dorit Reichental, MA, MFTi
Psychotherapy

RelationshipWorks™
Life Coaching, ACC, CPC

11340 West Olympic Blvd. • Suite 210 • Los Angeles, CA 90064 • **(310) 721-2119** • **dorit@doritreichental.com**

BIOGRAPHICAL INFORMATION

To assist me in helping you; please fill out this form as fully and openly as possible.
All private information is held in strictest confidence. If certain questions do not apply to you, leave them blank.

Personal History

1. Today's Date_____________________ 2. Date of Birth______________________

3. Name____ 4. Age__________ 5. Sex ❏ M ❏ F

6. Address____

____

Street City State Zip

7. Phone (Home)______________________ (Bus) ______________________ (Cell) ______________________

8. Years of Education____________ 9. Occupation____

10. Present Relationship Status (check all that apply)

❏ Married or in a primary relationship

Dating: ❏ one person ❏ several persons

❏ Single: How long _____ years ❏ Other________________________________

❏ In a new relationship (6 months or less)

11. If in a primary relationship or married, do you live with your spouse/partner? ❏ yes ❏ no

12. If yes, I have been in a primary relationship with this person for ________ years

Counseling History

13) Are you presently receiving other counseling services? ❏ yes ❏ no
If yes, please briefly describe____

____

14) Have you received counseling in the past? ❏ yes ❏ no
If yes, please briefly describe____

____

15) What is your primary reason for coming to counseling now?_____________________________________

____

16) How long has this problem persisted (from #15)____

17) Under what conditions to your problems usually get worse?______________________________________

____

18) Under what conditions are your problems usually improved?_______________________________________
____

19) How did you hear about me or who referred you? ____

Medical History

20) Physician Information

a. Physician's Name____
Address____

b. Physician's Name____
Address____

21) List any major illnesses and/or surgeries you have had____
____
____

22) List any physical concerns you are presently experiencing (e.g. high blood pressure, headaches, dizziness, etc.)____
____
____

23) List any physical concerns you have experienced in the past____
____

24) When was your last physical exam?____
Results of physical exam____

25) On average, how many hours of sleep do you get per day?____________________

26) Do you have trouble falling asleep at night? ❑ yes ❑ no

27) Have you gained/lost over ten pounds in the past year? ❑ yes ❑ no How much?____________________

28) Describe your appetite (during the past week):

❑ poor appetite ❑ average appetite ❑ high appetite

29) What medications are you taking presently, and for what purpose?_________________________________
____
____

Religious Concerns

30) What is your present religious affiliation (if any)?

❑ Christian (please specify) _______________ ❑ None, but I believe in God
❑ Jewish ❑ Atheist or Agnostic ❑ Muslim
❑ Buddhist ❑ Pagan/Wiccan ❑ Other (please explain)

31) How important is religious commitment to you?

Unimportant			Average Importance				Extremely Important		
1	2	3	4	5	6	7	8	9	10

32) Do you desire having your religious beliefs and values incorporated into the counseling process?
❑ yes ❑ no ❑ Not Sure If yes or "not sure," please briefly explain___________________________________
____

Family History

33) Mother's age__________ If deceased, how old were you when she died?_____________

34) Father's age__________ If deceased, how old were you when he died?_____________

35) If your parents are separated or divorced, how old were you when it happened?____________

36) Number of brother(s):______ Their ages:________________________________

37) Number of sister(s):______ Their ages:________________________________

38) I was child number ________ in a family of _______ children.

39) Were you adopted or raised with parents other than your natural parents? ❑ yes ❑ no
If yes, please briefly explain ____

40) Briefly explain your relationship with your brothers and/or sisters:________________________________

41) Which of the following best describes the family in which you grew up?

Warm & Accepting				Average				Hostile & Fighting	
1	2	3	4	5	6	7	8	9	10

42) Which of the following best describes the way in which your family raised you?

Allowed me to be Very Independent				Average				Attempted to Control me	
1	2	3	4	5	6	7	8	9	10

YOUR MOTHER (or mother substitute)

43) Briefly describe your mother____
____

44) How did she discipline you? ____
____

45) How did she reward you? ____
____

46) How much time did she spend with you when you were a child? ❑ Much ❑ Average ❑ Little

47) What was your mother's occupation when you were a child?____
❑ Stayed Home ❑ Worked outside the home part-time ❑ Worked outside the home full-time

48) How did you get along with your mother when you were a child?
❑ Poorly ❑ Average ❑ Well

48) How do you get along with your mother now?
❑ Poorly ❑ Average ❑ Well

49) Did your mother have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? ❑ yes ❑ no If yes, please briefly describe___________________________________

____

50) Is there anything unusual about your relationship with your mother? ❑ yes ❑ no
If yes, please briefly describe____

____

51) Describe overall how your mother treated the following people as you were growing up (Circle one answer for each)

Your mother's treatment to	Poor				Average					Excellent
You	1	2	3	4	5	6	7	8	9	10
Your Family	1	2	3	4	5	6	7	8	9	10
Your Father	1	2	3	4	5	6	7	8	9	10

YOUR FATHER (or father substitute)

52) Briefly describe your father____

____

53) How did he discipline you? ____

____

54) How did he reward you? ____

____

55) How much time did he spend with you when you were a child? ❑ Much ❑ Average ❑ Little

56) What was your father's occupation when you were a child?____

❑ Stayed Home ❑ Worked outside the home part-time ❑ Worked outside the home full-time

57) How did you get along with your father when you were a child?

❑ Poorly ❑ Average ❑ Well

58) How do you get along with your father now?

❑ Poorly ❑ Average ❑ Well

59) Did your father have any problems (e.g. alcoholism, violence, etc.) which may have affected your childhood development? ❑ yes ❑ no If yes, please briefly describe___________________________________

____

60) Is there anything unusual about your relationship with your father? ❑ yes ❑ no
If yes, please briefly describe____

____

61) Describe overall how your father treated the following people as you were growing up (Circle one answer for each)

Your father's treatment to	Poor				Average					Excellent
You	1	2	3	4	5	6	7	8	9	10
Your Family	1	2	3	4	5	6	7	8	9	10
Your Mother	1	2	3	4	5	6	7	8	9	10

Thoughts And Behaviors

62) Please check how often the following thoughts occur to you:

Life is hopeless	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I am lonely	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
No one cares about me	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I am a failure	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
Most people don't like me	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I want to die	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I want to hurt someone	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I am so stupid	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I am going crazy	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I can't concentrate	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I am so depressed	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
God is disappointed in me	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I can't be forgiven	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
Why am I so different?	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I can't do anything right	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
People hear my thoughts	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I have no emotions	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
Someone is watching me	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I hear voices in my head	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently
I am out of control	❑ Never	❑ Rarely	❑ Sometimes	❑ Frequently

Please comment about each of the above thoughts which you have indicated occur frequently. (e.g. how frequent, duration of thoughts, the effect on you, etc.). Use the back of this sheet if necessary.

____

____

____

____

____

____

SYMPTOMS

63) Check any behaviors and symptoms you have that occur more often than you would like.

❑ Aggression
❑ Alcohol dependence
❑ Anger
❑ Antisocial behavior
❑ Anxiety
❑ Avoiding people
❑ Chest pain
❑ Depression
❑ Disorientation
❑ Distractibility
❑ Dizziness
❑ Drug dependence
❑ Eating disorder
❑ Elevated mood
❑ Fatigue
❑ Hallucinations
❑ Heart palpitations
❑ High blood pressure
❑ Hopelessness
❑ Impulsiveness
❑ Irritability
❑ Judgment errors
❑ Loneliness
❑ Memory impairment
❑ Mood shifts
❑ Panic attacks
❑ Phobias/fears
❑ Recurring thoughts
❑ Sexual difficulties
❑ Sick often
❑ Sleeping problems
❑ Speech problems
❑ Suicidal thoughts
❑ Thoughts disorganized
❑ Trembling
❑ Withdrawing
❑ Worrying
❑ Other (specify)________
____
____

Give examples of how each of these that you checked impair functioning (e.g. socially, emotionally, occupationally, physically, etc.). Use back of this sheet if necessary.

____
____
____
____
____
____

64) List your five greatest strengths:

1. ____
2. ____
3. ____
4. ____
5. ____

64) List your five greatest weakneses:

1. ____
2. ____
3. ____
4. ____
5. ____

65) List your main social difficulties:

____
____

66) List your main love and sex difficulties:

____
____

67) List your main difficulties at school or work:

____

____

68) List your main difficulties at home:

____

____

69) List your behaviors that you would like to change:

____

____

70) Addition information you believe would be helpful:

____

____

____

____

____

____

____

____

____

____

____

____