For Office Use Only	
Therapist:	
Office Location:	

Life History Questionnaire

(Confidential)

Date:_____

First Name: _____ MI: _____ Last Name: _____

If child, Parent/Guardian Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age:_____ Gender: Male ☐ Female ☐

Home Phone #: _____ Cell Phone #: _____

May we leave a message? NO ☐ YES ☐ May we leave a message? NO ☐ YES ☐

Email Address: _____

Emergency Contact

Name _____Phone Number _____Relationship _____

Name _____Phone Number _____Relationship _____

Ethnicity

Asian/Pacific Islander ☐

American Indian ☐

Caucasian ☐

Hispanic ☐

African American ☐

Other ☐

Relationship Status

Single ☐

Married ☐ Year (s) _____

Divorced ☐ Time(s) _____

Engaged ☐ Wedding Date _____

Separated ☐ Month(s) _____

Widowed ☐

Education (last level completed) _____

Occupation _____Employer _____Since_____

Spouses Name_____Age_____Occupation_____

Education (last level completed) _____Employer_____

Please list the names and ages of your children_____

Physical Health

Very Good ☐ Good ☐ Poor ☐

Recent Major Illnesses or Disabilities_____

Are you currently taking any prescription medications? NO ☐ YES ☐ (If Yes, please list and specify dosage) _____

_____

Primary Physician_____

Date of last physical_____ Thyroid Level Checked NO ☐ YES ☐

Mental Health

Have you previously been involved in counseling? NO ☐ YES ☐

Do you currently use alcohol or other non-prescription drugs? NO ☐ YES ☐

Is there a history of alcohol or drug problems in your family? NO ☐ YES ☐

Is there any history of mental health problems in your family? NO ☐ YES ☐

Have you ever been physically abused? NO ☐ YES ☐

Have you ever been emotionally abused? NO ☐ YES ☐

Have you ever been sexually abused or assaulted? NO ☐ YES ☐

Are your concerns interfering with your work performance? NO ☐ YES ☐

Are your concerns interfering with your family life? NO ☐ YES ☐

Have you ever attempted suicide? NO ☐ YES ☐

Have you ever been hospitalized for mental health reasons? NO ☐ YES ☐

Have you ever been in legal trouble? NO ☐ YES ☐

How long has the problem that you are coming in for persisted?_____

Under what condition do your problems get worse? Better? _____

_____

How serious do you consider your present concern(s)? Not at all ☐ Mildly ☐ Moderately ☐ Highly ☐

How motivated are you to resolve your concern(s)? Not at all ☐ Mildly ☐ Moderately ☐ Highly ☐

How optimistic are you that your concern(s) can be resolved? Not at all ☐ Mildly ☐ Moderately ☐ Highly ☐

Family History

Mother's age _____ If deceased, how old were you when she died? _____

Father's age _____ If deceased, how old were you when he died? _____

If your parents are separated, how old were you then? _____

Number of brother(s) _____ What are their ages? _____

Number of sister(s) _____ What are their ages? _____

If you were adopted or raised with parents other than your natural parents, please explain: _____

_____

Briefly describe your mother's personality: _____

_____

Briefly describe your father's personality: _____

_____

Briefly describe your step-parent(s) personality: _____

_____

Briefly describe your past and current relationships with your:

Mother_____

Father_____

Stepmother_____

Stepfather_____

Do you want your faith included in your therapy? NO ☐ YES ☐

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Consent to Treatment / Confidentiality Policy

All therapists at The Peacemaker Center are experienced and professionally trained. I/We understand the relationship established with our therapists is voluntary and I/we have the right to end the relationship at any time. All client information and client records are strictly confidential. Information is shared only with authorized professional staff, including clinical supervisors, and the persons I/we have listed below. The only exceptions to this policy are as follows:

- If our staff has reason to believe that a child has been physically or sexually abused, we are required by law to report it to the state protection service. We are not making a determination that any behavior is unlawful or improper. That determination is made by the state.
- If our staff has reason to believe that a client may seriously harm him/herself or another person, we are required to release information to protect the person who may be harmed.
- Selected records may be made available to certifying or licensing organization for review of our record-keeping procedures.
- If information is shared during an individual counseling session that will impact the couples' therapy or relationship, the therapist may share that information with the spouse/partner. Either spouse/partner may choose to end couple's therapy and begin individual therapy, at which point, information shared would be confidential, even from the spouse/partner.
- If you choose to have electronic therapy, through the use of cell phones, email, video conferencing, etc. please understand the security risks that are included. The Peacemaker Center therapists will do their best to ensure confidentiality and security, but with technology, confidentiality and security cannot always be guaranteed.
- Children under the age of 14 need signed parental consent from both parents or all legal guardian(s) for treatment.

I/We allow the following persons to hear conveyed information from counseling sessions:

_____

_____

I/We understand in order to protect confidentiality, any inquiries other than the above-mentioned exceptions (written, telephone or personal) will not be answered until I/we sign a release of information. In the treatment of a couple or a family, The Peacemaker Center will seek the authorization of all member of the treatment unit before the release of confidential information to third parties.

Fee Scale / Payment Policies

I/We understand the fee scale and payment policies for private sessions and that an hourly fee of $_____ has been determined by the therapist. Since the therapist's time has been reserved, I/we agree to give at least 24-hour advance notice when unable to keep an appointment. If there is less than 24 hours, a fee may be charged. I/We accept financial responsibility for charges incurred during the course of having The Peacemaker Center provide services, including bank fees for returned checks.

Litigation Limitation

As a participant in therapy at The Peacemaker Center I/we understand and agree that no employee, agent, or principal of The Peacemaker Center shall be called as a witness to testify on our behalf, or on behalf of our children in any legal proceedings concerning my/our therapy. Further, I/we understand and agree for myself/ourselves, and for those who would represent us, that no documentation, other than recommendations, prepared in conjunction with The Peacemaker Center shall be subject to subpoena or records deposition for use in legal proceedings. I/we understand that this provision is necessary in order to foster frank, open, and meaningful exchanges between myself/ourselves and my/our therapist. I/We understand that I am/we are giving up our right to use testimony, records, or other information contained at The Peacemaker Center, but that I/we do so voluntarily, and without undue influence, for the purpose of establishing confidentiality and privilege for myself and The Peacemaker Center, which right and privilege shall not hereafter be revoked by me or my legal representative.

I/We understand that the only communication between The Peacemaker Center and/or Court will be limited to a form letter stating when the services were begun and/or whether the client completed, did not complete, or are still undergoing therapy. I/We further understand that I/we can be disqualified from treatment if it is determined in the clinical judgement of The Peacemaker Center that I/we have a diagnosable psychiatric disorder which interferes with treatment, at which time a recommendation for treatment will be made to the Court.

I/We acknowledge by our individual signatures below, that each of us has read this policy, that I/we understand it and have had an opportunity to discuss its content with our therapist and that I/we enter therapy in agreement with this policy.

_____	_____	_____
Signature (Parent or Guardian)	Print Name	Date
_____	_____	_____
Signature	Print Name	Date
_____	_____	_____
Signature	Print Name	Date