



# Life History Questionnaire (Confidential)

<i>FOR OFFICE ONLY:</i>
Therapist Initials: _____
Entry Date/Initials _____

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:  Male  Female  
MM/DD/YYYY

### Ethnicity

Asian/Pacific Islander \_\_\_\_\_  
 American Indian \_\_\_\_\_  
 White \_\_\_\_\_  
 Hispanic \_\_\_\_\_  
 Black \_\_\_\_\_  
 Other \_\_\_\_\_

### Relationship Status

Single \_\_\_\_\_  
 Married \_\_\_\_\_ Year (s)  
 Divorced \_\_\_\_\_ Time(s)  
 Engaged \_\_\_\_\_  
 Separated \_\_\_\_\_ Month(s)  
 Widowed \_\_\_\_\_

### Mailing

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Email \_\_\_\_\_ Would you like to receive e-news?  NO  YES

### Who referred you to us at The Peacemaker Center?

Self \_\_\_\_\_ Friend \_\_\_\_\_ Family \_\_\_\_\_ Other \_\_\_\_\_

Please indicate if you DO NOT want to receive correspondence from us.  NO

The Peacemaker Center has a team that prays for the center and specific requests that are kept confidential. Would you like prayer and like to discuss this with your therapist?  NO  YES

Education \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Since \_\_\_\_\_

Spouses Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Education (last level completed) \_\_\_\_\_ Employer \_\_\_\_\_

Please list the names and ages of your children \_\_\_\_\_

### Religious Affiliation

Jewish \_\_\_\_\_ Protestant \_\_\_\_\_ Atheist or agnostic \_\_\_\_\_  
 Catholic \_\_\_\_\_ None, but I believe in God \_\_\_\_\_ Other \_\_\_\_\_

Do you desire to have your religious beliefs and values incorporated into the counseling process? \_\_\_\_\_ Home Church \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Please read the following questions and mark those to which you would respond **“yes”**.

- Have you previously been involved in counseling? \_\_\_\_\_
- Do you currently use alcohol or other non-prescription drugs? \_\_\_\_\_
- Is there a history of alcohol or drug problems in your family? \_\_\_\_\_
- Is there any history of mental health problems in your family? \_\_\_\_\_
- Have you ever been physically abused? \_\_\_\_\_
- Have you ever been emotionally abused? \_\_\_\_\_
- Have you ever been sexually abused or assaulted? \_\_\_\_\_
- Are your concerns interfering with your work performance? \_\_\_\_\_
- Are your concerns interfering with your family life? \_\_\_\_\_
- Have you ever attempted suicide? \_\_\_\_\_
- Have you ever been hospitalized for mental health reasons? \_\_\_\_\_
- Have you ever been in legal trouble? \_\_\_\_\_

Physical Health \_\_\_\_\_ Very Good \_\_\_\_\_ Good \_\_\_\_\_ Poor

Recent Major Illnesses or Disabilities \_\_\_\_\_

Are you currently taking any prescription medications?

(Please list and specify dosage) \_\_\_\_\_

Primary Phisician \_\_\_\_\_

Date of last physical \_\_\_\_\_ Thyroid Level Checked NO YES

Please describe the concerns that you would like to discuss with a counselor. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this problem persisted? \_\_\_\_\_

Under what condition do your problems get worse? Better? \_\_\_\_\_

Please use the following scale to answer the next three questions.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
	Not at all	Mildly	Moderately	Highly

- 1. How serious do you consider your present concern(s)? \_\_\_\_\_
- 2. How motivated are you to resolve your concern(s)? \_\_\_\_\_
- 3. How optimistic are you that your concern(s) can be resolved? \_\_\_\_\_

**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 \_\_\_\_\_

The Peacemaker Center has a published Privacy Policy/Confidentiality Statement. Please see separate link on the website.