Dr. Long - Life History Self-Report Form **Adult**

The purpose of this form is to obtain a comprehensive understanding of you—your life experience and background. In answering the following questions as accurately and completely as you can, you will facilitate in the development of a counseling plan that is best suited to your individual needs.

Please print clearly. If you need more space for any of the questions, please use the back of the sheet.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State_____ZIP _____

Telephone (Home)_____(Work)_____(Cell) _____

Ok to leave message? Home: ☐ yes ☐ no Work: ☐ yes ☐ no Cell: ☐ yes ☐ no

Email address (optional): _____

Ok to send mail? Home: ☐ yes ☐ no Email: ☐ yes ☐ no

Birthdate_____/_____/_____ Age_____ Gender_____F_____M

Race (optional): ☐ Asian ☐ Black ☐ Hispanic ☐ Native American ☐ Caucasian ☐ Other _____

In case of emergency, contact:

Name (1) _____ Relationship_____Phone _____

Address_____City_____State_____Zip _____

Name (2) _____ Relationship_____Phone _____

Address_____City_____State_Zip _____ Physician_____

_____Phone _____

Address_____City_____State_Zip _____

Family Information

Your current relationship status:

☐ Never married ☐ Unmarried, living together (How long?_____) ☐ Engaged ☐ Widowed

☐ Married (How long? _____ Are you satisfied with your marriage? ☐ yes ☐ no)

☐ Divorce in process ☐ Divorced/Annulled [Date(s)_____Reason_____]

☐ Separated ☐ In committed relationship (How long?_____) ☐ Other _____

Assessment of relationship with significant other (if applicable) ☐ Good ☐ Fair ☐ Poor ☐ Other _____

Relationship	Name	Age	*Yes or No:* Living? If no, year	Living with you?	Step or Adopted?
Spouse					
Children:					
Mother					
Father					

Significant others (brothers, sisters, grandparents, relatives, step-relatives):

Relationship	Name	Age	Living? If "no" Cause of death, year, and your age at time	*Yes or No:* Living with you?	*Yes or No:* Step or Adopted?

City and State of major childhood residence: _____

Parents: ☐ Married ☐ Divorced (Your age at time of divorce:_____) ☐ Separated ☐ Living Together

Were you <u>adopted</u>? ☐ Yes ☐ No *If yes,* from what age did you know? _____

If you were <u>not</u> brought up by your parents, who <u>raised you</u>? Between what years? _____

FATHER – Occupation: _____ Mother – Occupation: _____

SIBLINGS: What is your birth order (oldest, youngest, middle, only child?) _____

How would you <u>describe your relationship</u> with your parents and siblings? Is there anyone that you are particularly distant from or close with? Have problems with? _____

_____

Does anyone in your <u>family suffer from a mental or emotional disorder</u> (depression, anxiety, alcoholism, schizophrenia, etc.)? ☐ Yes ☐ No Please explain: _____

_____

Has any one of your relatives ever <u>attempted or committed suicide</u>? ☐Yes ☐ No

Are there traumatic, unusual, or special circumstances that occurred in your life? ☐Yes ☐No
If yes, please describe _____

Has there been a history of <u>child abuse</u>? ☐Yes ☐ No
If yes, which type(s)? ☐ Sexual ☐ Physical ☐ Verbal ☐ Other: _____

Parenting style of parents:

☐ Authoritative (fair) ☐ Authoritarian (overly strict) ☐ Permissive (few rules)

What kind of home did you grow up in? (Check all that apply)

- ❑ **Traditional** (Father, Mother, Kids)
- ❑ **Authoritarian** (Father or Mother made all the rules without discussion. Would not allow for other opinions)
- ❑ **Divorced** (Who did you live with? ___Mom ___Dad Other_____)
- ❑ **Alcoholic** (___Marginalized ___Functional, but affected ___Dysfunctional effect on family)
- ❑ **Drug Affected** (___Cocaine ___Heroin ___Marijuana ___ Other_____)
- ❑ **Perfectionist** (Everything had to be done just right to please ___Mom ____Dad ____Both
- ❑ **Critical** (One or both parents could only remark about the negatives. Little praise for good things)
- ❑ **Affectionate** (___Demonstrative with hugs, kisses, etc. ___Affection there, but not openly shown).
- ❑ **Emotional** (___Crying allowed, but controlled. ___Anger, screaming freely allowed).
- ❑ **Repressed** (__Emotions not allowed to show. ___Parents showed emotion, but kids not allowed to do so)
- ❑ **Religious** (__In name only ___Strict, negative ___ Hypocritical ___Genuine Happy Experience)
- ❑ **Step-family** (___Which of parents remarried? ____ Had to live with step-brothers or sisters)
- ❑ **Abusive** (In what way? ___ Sexual ___Physical Beatings ___Emotional ___ Other:_____

_____

_____

_____

What kind of home did your Father grow up in? (Check all that apply)

- ❑ **Traditional** (Father, Mother, Kids)
- ❑ **Authoritarian** (Father or Mother made all the rules without discussion. Would not allow for other opinions)
- ❑ **Divorced** (Who did you live with? ___Mom ___Dad Other_____)
- ❑ **Alcoholic** (___Marginalized ___Functional, but affected ___Dysfunctional effect on family)
- ❑ **Drug Affected** (___Cocaine ___Heroin ___Marijuana ___ Other_____)
- ❑ **Perfectionist** (Everything had to be done just right to please ___Mom ____Dad ____Both
- ❑ **Critical** (One or both parents could only remark about the negatives. Little praise for good things)
- ❑ **Affectionate** (___Demonstrative with hugs, kisses, etc. ___Affection there, but not openly shown).
- ❑ **Emotional** (___Crying allowed, but controlled. ___Anger, screaming freely allowed).
- ❑ **Repressed** (__Emotions not allowed to show. ___Parents showed emotion, but kids not allowed to do so)
- ❑ **Religious** (__In name only ___Strict, negative ___ Hypocritical ___Genuine Happy Experience)
- ❑ **Step-family** (___Which of parents remarried? ____ Had to live with step-brothers or sisters)
- ❑ **Abusive** (In what way? ___ Sexual ___Physical Beatings ___Emotional ___ Other:_____

_____

_____

_____

What kind of home did your Mother grow up in? (Check all that apply)

- ❑ **Traditional** (Father, Mother, Kids)
- ❑ **Authoritarian** (Father or Mother made all the rules without discussion. Would not allow for other opinions)
- ❑ **Divorced** (Who did you live with? ___Mom ___Dad Other_____)
- ❑ **Alcoholic** (___Marginalized ___Functional, but affected ___Dysfunctional effect on family)
- ❑ **Drug Affected** (___Cocaine ___Heroin ___Marijuana ___ Other_____)
- ❑ **Perfectionist** (Everything had to be done just right to please ___Mom ____Dad ____Both
- ❑ **Critical** (One or both parents could only remark about the negatives. Little praise for good things)
- ❑ **Affectionate** (___Demonstrative with hugs, kisses, etc. ___Affection there, but not openly shown).
- ❑ **Emotional** (___Crying allowed, but controlled. ___Anger, screaming freely allowed).

- ❑ **Repressed** (__Emotions not allowed to show. ___Parents showed emotion, but kids not allowed to do so)
- ❑ **Religious** (__In name only ___Strict, negative ___ Hypocritical ___Genuine Happy Experience)
- ❑ **Step-family** (___Which of parents remarried? ____ Had to live with step-brothers or sisters)
- ❑ **Abusive** (In what way? ___ Sexual ___Physical Beatings ___Emotional ___ Other:_____

_____

_____

_____

Education

What is the last grade of school you completed or highest degree?_____

Are you in school now? ☐ Yes ☐ No *If yes,* where?_____Major?_____

Other training:_____Strengths:_____Weaknesses:_____

Average school grades _____Favorite areas of study:_____Least favorite _____

Work History

Current Employment Status:

☐FT ☐PT ☐Temp ☐Laid-off ☐Disabled ☐Retired ☐Social Security ☐Student ☐Other:_____

What type of work do you do?_____Current Employer _____
Are you satisfied with the type of work you do? ☐ Yes ☐ No *If no,* please explain: _____

_____

What kinds of jobs have you held in the past?_____Reason(s) you left_____
Employment Status and type of work of your Significant Other?_____

Do you do any volunteer work? ☐ Yes ☐ No *If yes,* explain:_____

Military

Military service? ☐Yes ☐ No Branch_____# of Tours _____ Combat experience? ☐Yes ☐ No

Discharge date _____ Type of Discharge_____ Rank at discharge _____

Family member in the service? ☐Yes ☐ No Who? _____

Counseling History

Have you ever sought help from a counselor, psychologist, psychiatrist, pastor, or other professional?

☐ Yes ☐ No *If yes:* where, when, and for what?_____

Was it helpful? ☐ Yes ☐ No Explain: _____

Have you ever been hospitalized for emotional reasons? ☐ Yes ☐ No *If yes,* please explain.

_____

Social Relationships

How do you describe your interactions with others?

☐ Leader ☐ Follower ☐ Friendly ☐ Outgoing ☐ Shy ☐ Uncomfortable ☐ Guarded ☐ Aggressive
☐ Affectionate ☐ Withdrawn ☐ Submissive ☐ People Pleaser ☐ Bossy Other _____

Sexuality ☐ heterosexual ☐ homosexual ☐ bisexual Comments:_____

Do you currently have supportive friendships? ☐ Yes ☐ No Comments_____

Do you have a history of social problems? ☐ being bullied ☐ bullying others ☐ being abused – what type of abuse (circle all that apply) emotional, sexual, physical, verbal ☐ abusing others

Medical History

How do you rate your present physical health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

List any medical problems you are currently experiencing:_____

List any medications you are currently taking:

Name of medication	Dosage	Frequency	Reason

Personal Health History

Have you ever had thoughts of suicide (killing yourself)? ☐Yes ☐ No
If yes, when?_____

Have you ever taken any action toward ending your life? ☐Yes ☐ No
If yes, please explain: _____

Have you ever had thoughts or plans of homicide (killing someone else)? ☐Yes ☐ No
If yes, please explain:_____

Do you feel suicidal or homicidal at this time? ☐Yes ☐ No If yes, explain_____

_____

Self Care

How many hours of sleep do you receive in a typical night?_____hours

Any problems: ☐ Falling asleep ☐ Staying asleep

Do you exercise on a regular basis? ☐ Yes ☐ No Explain _____

How often?_____times per week/_____times per month and typically_____min/hours

Are you currently on a diet? ☐ Yes ☐ No Explain _____ Describe your current eating habits _____

Leisure/Recreational

Describe hobbies or special interests you have (e.g., physical fitness, cooking, sports, arts, crafts, outdoor activities, music, traveling, dancing, concert-going, theatre, hunting, fishing, swimming, etc.)

Activity	How Often Now?	How Often in the Past?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spiritual/Religious

Denominational preference: _____ Member of_____(church)
How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+
What church did you attend as a child? _____ Baptized?_____
Religious background of spouse (if married) _____ Baptized? _____
Do you consider yourself a religious person? Yes ___ No ___ Uncertain___
Do you believe in God? Yes ___ No ___ Uncertain___
Do you believe Satan exists? Yes ___ No ___ Uncertain___
Have you ever "dabble" with the "Occult"? Yes ___ No ___ Uncertain___ (Seances, devil worship, witchcraft, etc.)
Do you pray to God? Yes ____ No____ Never___ Occasionally___ Often___
Would you say you are a Christian? Yes____ No____; or would you say you are still in the process of becoming a Christian? _____
How often do you read the Bible? Never___ Occasionally___ Often___
Do you have regular devotions? Yes ___ No___ Not sure what you mean____
Explain recent changes in your religious life, if any_____
_____

Current Legal Status and History

Are you involved in any active cases? (traffic, civil, criminal)? ☐Yes ☐ No

If yes, please describe and indicate court and hearing/trial dates and charges _____

_____

Are you currently on parole or probation? ☐Yes ☐ No

If yes, please describe _____

Have you ever had any traffic violations in the past? ☐Yes ☐ No DWI, DUI, etc. ☐Yes ☐ No

Criminal involvement ☐Yes ☐ No Civil involvement ☐Yes ☐ No

If yes, please describe charges, dates and results _____

_____

Substance Use History

Please list any recreational chemicals that you currently use or have used in the past (alcohol, marijuana, cocaine, crack, sedatives, tranquilizers, painkillers, barbiturates, heroin, ecstacy, hallucinogens, etc.)

_____

Current substance of preference: _____

When and where was your last drink/drug use?_____How much?_____

Check the items below that describe your present drinking/drug use pattern:

☐ No use ☐ Irregular & excessive ☐ Rarely (once a month)
☐ Regularly (daily) ☐ Short binges (1-2 days) ☐ Only on holidays
☐ Heavy (daily) ☐ Long binges (4+ days) ☐ Occasionally (weeknds)

Reason(s) for use: ☐ Addicted ☐ Build confidence ☐ Socialization ☐ Taste ☐ Relaxation/Unwind
☐ Escape ☐ Self-medication ☐ Other (specify):_____

Have you ever received professional treatment for drug/alcohol problem (include AA)? ☐Yes ☐ No
If yes, when?_____

Nature of treatment: ☐ Inpatient ☐ Outpatient ☐ Detoxification ☐ Self-help

Do you think, now or in the past, you have a drinking/drug abuse problem? ☐Yes ☐ No

Has anyone ever expressed concern about your drinking/drug use? ☐Yes ☐ No
If yes, please explain: _____

Does anyone in your family currently have a drug/alcohol problem? ☐ Yes ☐ No
If yes, please explain: _____

Is there anything else you would like to share that was not included in this form, please use the space below and/or back of this sheet._____

_____

_____

Signature _____ **Date**_____