

Haydon-Davis Counseling, Inc.

Wendy Haydon Davis, LCSW

Licensed Clinical Social Worker

305 Kingsley Lake Drive Suite 702
St. Augustine, FL 32092

Telephone: (904) 716-5619

Fax: (248) 751-5913

LIFE HISTORY QUESTIONNAIRE

Adult

The purpose of this questionnaire is to obtain an understanding of your life experience and background. Then we can begin to develop a comprehensive treatment program suited to your specific needs. Please complete this fully and bring to your first appointment.

Name: _____ Date: _____

DOB: _____ Age: _____ Place of Birth: _____

Significant relationship status (check one)

single engaged married separated
 divorced remarried widowed committed relationship

Who referred you? _____ Current Psychiatrist: _____

Clinical Information:

State in your own words the nature of your main problem(s) and how long they have been present
What do you expect to accomplish from therapy, and how long do you expect therapy to last?

On the scale below please check the severity of your problem(s)

mildly upsetting moderately severe very severe extremely severe incapacitating

Previous therapy or psychiatric hospitalization(s)? Please explain.

Underline any of the following that apply to you:

headaches	dizziness	fainting spells	palpitations	stomach trouble
anxiety	easily agitated	decreased energy	no/more appetite	anger
always tired	insomnia	nightmares	feel panicky	lonely
feel tense	helplessness	tremors/shaking	depressed	suicidal ideas
feel guilty	unable to relax	sexual problems	racing thoughts	overly ambitious
shy with people	can't make friends	inferiority feelings	decisions tough	can't keep a job
memory problems	perfectionistic	excessive sweating	poor concentration	

Please list additional problems or difficulties here.

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Pt Name: _____

Circle any of the following words which apply to you:

- _____ Worthless, useless, a “nobody”, “life is empty”
- _____ Inadequate, stupid, incompetent, naive, “can’t do anything right”
- _____ Evil, morally wrong, horrible thoughts, hostile, full of hate
- _____ Anxious, agitated, cowardly, unassertive, panicky, aggressive
- _____ Ugly, deformed, unattractive, repulsive
- _____ Depressed, lonely, unloved, misunderstood, bored, restless
- _____ Confused, unconfident, in conflict, full of regrets
- _____ Worthless, sympathetic, intelligent, attractive, confident, considerate

List your three main fears:

1. _____
2. _____
3. _____

Recount any fearful or distressing experiences (emotional/physical/sexual abuse, neglect)?

List any situations which make you feel calm or relaxed?

Have you ever lost control (e.g. temper or crying or aggressions)? If so, please describe.

Have you in the past or are you presently having any suicidal ideations/ attempts? Please explain.

Do you drink alcohol? If yes, how often and how much?

Have you ever used illicit drugs? If so, what drug(s). Include prescription drugs if used other than prescribed.

Age that you first used each drug. _____

Do you smoke? No ___ If yes, how much a day? _____

Do you drink caffeine (coffee, tea, sodas) No ___ If yes, how much a day? _____

Who is your Primary Care or Family Physician? _____

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Pt Name: _____

Give a description of your father's personality and his attitude toward you:

Give a description of your mother's personality and her attitude toward you:

In what ways were you punished by your parents as a child?

Were you ever bullied or severely teased? If yes, about what?

Give an impression of your home atmosphere (i.e. the home in which you grew up, including compatibility between parents and between parents and children).

Basically, did you feel loved and respected by your parents?

Please share education including highest degree obtained.

Occupation & Employer:

Does your present work satisfy you? (If not, in what ways are you dissatisfied?)

Ambitions/Goals:

Do you have any financial concerns?

With whom are you now living? (list people and relation to you)

Who are the most important people in your life?

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Pt Name: _____

Present interest, hobbies or activities:

What is your religion and/or spirituality? In childhood and presently:

Have you ever been arrested? If yes, when and what for.

Are you or were you ever in the military? Branch and service period:

Relationship / Marital History:

Are you currently in a relationship and for how long?

How are you getting along with your partner/spouse?

If married or in a relationship, partner's name, age, occupation?

How many times have you been married and for how long?

Describe the personality of your current spouse/partner.

How many children do you have? _____ Please list their gender and age(s)

Do any of your children present specific problems?

Do you have any step children and if so please list age and gender.

Any history of miscarriage, abortions or infertility? (If "yes" please list dates)

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Pt Name: _____

Self-Description (Please complete the following):

A. The most important thing that happened in my life was

B. All my life I wanted

C. Ever since I was a child, I

D. One of the things I feel proud of is

E. It's hard for me to admit

F. One of the things I can't forgive is

G. One of the things I feel guilty about is

H. If I didn't have to worry about my image

I. One of the ways people hurt me is

J. My mother was always

K. What I needed from mother and didn't get was

L. My father was always

M. What I wanted from father and didn't get was

N. One of the things I'm angry about is

O. Which three words best describe you?

Signature: _____ **Date:** _____

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