

Biographical Information Form

Instructions: In order to better help you, please fill out this form as clearly as you can. The information provided will save much time and effort. You can be sure that the facts on this form will be held in the strictest confidence and no outsider will be permitted to see your case record without your written permission. PLEASE PRINT YOUR ANSWERS.

Name: _____

Today's Date: _____

1. Date of Birth: _____ 2. Age: _____ 3. Sex: M ___ F ___

4. Social Security Number: _____

5. Address: _____
street city state zip code

6. Home Phone: _____ Business Phone: _____

7. Permanent address (if different from above): _____

8. Who referred you to the Connecticut Center for Cognitive Therapy? _____

9. Marital Status: ___ Single ___ Married ___ Cohabiting ___ Separated ___ Divorced ___ Widowed

10. Years of formal education completed (circle # of years): 10 11 12 13 14 15 16 17 18 19 20+

11. How religious are you? (Circle number on scale that best approximates your degree of religiosity)

very average atheist
1 2 3 4 5 6 7 8 9

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

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

14. If your mother and father separated, how old were you at the time? _____

15. If your mother and father divorced, how old were you at the time? _____

16. Total number of times mother divorced: _____ Number of times father divorced: _____

17. Were you adopted? ___ yes ___ no

18. If your mother and father did not raise you when you were young, who did? _____

19. Briefly describe the type of person your mother (or stepmother or person who substituted for your mother) was when you were a child and her attitude toward you (past and present): _____

20. Briefly describe the type of person your father (or stepfather or father substitute) was when you were a child and his attitude toward you (past and present): _____

21. Ages of living brothers _____ Ages of living sisters _____

22. I was child number _____ in a family of _____ children.

23. If there were any unusual or disturbing circumstances in your relationships with any of your family members, briefly describe them: _____

24. List any close relatives who have experienced emotional or behavioral problems (briefly describe problems): _____

25. List any close relatives who have been hospitalized for emotional problems or attempted suicide: _____

26. Have you ever had any individual psychotherapy? ___ yes ___ no

(If yes, summarize approximate dates, length, and type of treatment): _____

27. Have you ever attended group therapy? ___ yes ___ no; couples counseling? ___ yes ___ no

28. Are you undergoing treatment anywhere else now? ___ yes ___ no

29. Have you ever been hospitalized for psychological problems? ___ yes ___ no

If yes, list the length of hospitalization (# of weeks): _____

Describe the main reason for the hospitalization: _____

30. Have you ever taken medication for emotional problems? ___ yes ___ no

If yes, specify the medication(s) and approximate dates of use: _____

List dosages of current medications you are taking. _____

31. Briefly list your main complaints, symptoms, and problems for which you are seeking treatment:

32. List sources of stress in past year: _____

33. Briefly list any additional **past** complaints, symptoms, and problems: _____

34. Under what conditions are your problems worse? _____

35. Under what conditions are they improved? _____

36. List the activities you like to do most, the kinds of things and persons that give you pleasure: _____

37. List your main assets and good points: _____

38. List your main bad points: _____

39. List your main **social** difficulties:

40. List your main **love and sex** difficulties: _____

41. List your main **school or work** difficulties:

42. Describe your eating habits:

43. Describe your use of alcohol of other non-prescription drugs:

44. List your main life goals:

45. List the things about yourself you would most like to change:

46. Upon successful completion of treatment, what changes will you have made in your life?

47. List any physical ailments, diseases, or complaints that have a significant impact on you:

48. What occupation(s) have you mainly been trained for?

Present occupation: _____ full time part-time

49. Date of last physical exam and outcome:

50. Additional information that you think might be helpful:
