



GENERAL BACKGROUND (PART TWO)

WORK PROBLEMS (Circle one:) None Attendance/Punctuality Quality  
Other \_\_\_\_\_

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PRIOR COUNSELING FOR: \_\_\_ Individual \_\_\_ Couple  
\_\_\_ Family Counseling

Dates: (Use reverse side if necessary)

From: \_\_\_\_\_ To: \_\_\_\_\_  
Counselor/Agency: \_\_\_\_\_

Issue: \_\_\_\_\_  
City/State: \_\_\_\_\_

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PHYSICAL ILLNESSES/ACCIDENTS  
(Present): \_\_\_\_\_

PHYSICAL ILLNESSES/ ACCIDENTS  
(Past): \_\_\_\_\_

**MEDICATIONS BEING TAKEN:**

Date  
began: \_\_\_\_\_ Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_  
\_\_\_\_\_

Date  
began: \_\_\_\_\_ Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_  
\_\_\_\_\_

Date  
began: \_\_\_\_\_ Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_  
\_\_\_\_\_

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**LEGAL PROBLEMS, PAST OR PRESENT (Including DUI's):**

What: \_\_\_\_\_  
When: \_\_\_\_\_

What: \_\_\_\_\_  
When: \_\_\_\_\_

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NATIONALITY/ETHNICITY  
(Optional): \_\_\_\_\_



RELIGION(Optional): \_\_\_\_\_

**HISTORY OF EMOTIONAL ABUSE, known or suspected:** Yes \_\_\_\_\_  
No \_\_\_\_\_ Maybe \_\_\_\_\_

**HISTORY OF PHYSICAL ABUSE, known or suspected:** Yes \_\_\_\_\_  
No \_\_\_\_\_ Maybe \_\_\_\_\_

**HISTORY OF SEXUAL ABUSE, known or suspected:** Yes \_\_\_\_\_  
No \_\_\_\_\_ Maybe \_\_\_\_\_

**HISTORY OF RELIGIOUS / CULT ABUSE, known or suspected:** Yes \_\_\_\_\_  
No \_\_\_\_\_ Maybe \_\_\_\_\_

**HISTORY OF SELF DESTRUCTIVE BEHAVIORS (past or present) Circle all that apply:**

suicide, drug or alcohol abuse, domestic violence, cutting, gambling, sex, affairs,  
over-spending, compulsive cleaning, kleptomania, bingeing, overeating, bulimia,  
anorexia, workholism, internet, etc.: (Use reverse side if necessary)

What: \_\_\_\_\_

Frequency: \_\_\_\_\_

What: \_\_\_\_\_

Frequency: \_\_\_\_\_

What: \_\_\_\_\_

Frequency: \_\_\_\_\_

**FAMILY HISTORY of DESTRUCTIVE BEHAVIORS (past or present) Circle all that apply:**

past or present suicide/or attempts, drug or alcohol abuse, domestic violence,  
gambling, sex issues, affairs, over-spending, compulsive cleaning, kleptomania,  
binging, overeating, bulimia, anorexia, workaholism, internet compulsivity, etc:

Who: \_\_\_\_\_

What: \_\_\_\_\_

Frequency: \_\_\_\_\_