

CLIENT PERSONAL HISTORY AND BACKGROUND

This form asks for personal background information about you, your family, spouse, and any other person involved in this matter. Therefore, when responding to questions, please give pertinent information not only for yourself, but also for others who are significantly involved in this matter. I need this information so that I can better assess how best to handle your case and provide the highest quality service. This information is confidential and will not be disclosed to anyone with your express permission.

1. BASIC INFORMATION

Full name _____

Maiden name, if applicable _____

Home address _____

Home telephone number _____

Occupation _____

Work address and phone number _____

Cell phone number _____

Email address _____

Date & place of birth _____

Social security number _____

Spouse's name and date of birth _____

Date of marriage _____

Date of separation _____

Children's names, social security numbers, and dates of birth

a. _____

b. _____

c. _____

d. _____

e. _____

Prior marriages _____

Who referred you to this office? _____

2. FINANCE AND EMPLOYMENT HISTORY

Place of employment and positions held for the last five (5) years

Average income over the last five (5) years _____

Do you like your work? _____

Average number of hours worked every week _____

3. EDUCATION OR SPECIAL TRAINING

4. RELIGIOUS AFFILIATION AND EXTENT OF INVOLVEMENT

5. HEALTH & MEDICAL HISTORY OF IMMEDIATE FAMILY (yourself, spouse, children, parents)

General physical health over past five (5) years

Yourself _____

Spouse _____

Children _____

Parents _____

Any significant medical problems

Yourself _____

Spouse _____

Children _____

Parents _____

Hospitalizations _____

Name and address of your present physician _____

Have you or any member of your immediate family, relatives, or close friends had issues or problems concerning alcohol, drug, or substance abuse?

Briefly describe any treatment that any family or close friends received for alcohol or drug abuse.

Have any members of your immediate family ever been hospitalized for an emotional disability? If yes, state who, when, where, and why.

Have there ever been issues of physical or sexual abuse of you or anyone in your immediate family? Please explain what happened and when.

Are you and/or your spouse currently in counseling or therapy? _____

Counselor/therapist _____

Length of time _____

Reason for attending _____

Have you previously been in counseling or therapy? _____

Counselor/therapist _____

When _____

Reason for attending _____

6. FAMILY, FRIENDS, AND COMMUNITY

List the members of your immediate family besides your spouse and children. Include your stepchildren, parents and/or stepparents, brothers, sisters, and former spouses. Note with an asterisk(*) those with whom you are closest.

Name	Age	Relationship
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Please note members of your immediate family, close friends, or relatives who have died or had serious illnesses, medical problems, marital or emotional difficulties, or special educational needs, including who had what problems and when.

How often are you in contact with family and relatives? _____

Please list your three closest friends _____

Are these three friends aware of the circumstances which brought you to this office? _____

If you have been married before, what is your relationship with your former spouse? _____

Please list the significant organizations, community activities, hobbies, or activities in which you are involved.

7. LEGAL ISSUES

Have you ever retained an attorney? _____

If yes, please state who, when, and for what reason _____

Have you ever been in court? _____ If yes, when and for what reason _____

Have you previously been involved in any litigation or legal issue i.e., bankruptcy, divorce, business, employment dispute, etc.? If yes, when and for what reason? _____

Are you currently involved in any litigation or legal issue other than the issue involved in this mediation? If yes, who represents you and what is the legal issue? _____

Have you or any member of your family ever been arrested or convicted for any offense other than traffic (unless numerous tickets or involving drug or alcohol use)? If yes, when and for what charge _____

If the matter you have presented to this office involves a conflict with another person, relative, or spouse, please answer the following:

Who is the person you identify as being most opposed to your position? _____

Please give a brief summary of the most difficult issues in your marriage (i.e., finances, sexual relationships, discipline of children, communication, drug or alcohol use/abuse etc.) _____

How would you characterize your ability to talk with that person about the issue:

- (1) nonexistent
- (2) somewhat or sometimes
- (3) possible with a third party present
- (4) not a problem

Please explain briefly _____

8. ADDITIONAL COMMENTS

Please provide information about yourself or your family that you feel would help provide this office with a better understanding of the issues or circumstances you face.