



## Personal History

PERSONAL HISTORY FOR \_\_\_\_\_ .

What is the current principal mental health problem that brings you to treatment?

---

---

---

---

---

---

---

---

---

---

How long has this problem been going on?

---

---

---

---

---

What are the other problems which typically accompany the central problem?

---

---

---

---

---

How has this problem negatively effected your life?

---

---

---

---

---

---

---

Past mental health history: what mental health problems have you had in the past.

---

---

---

---

---

---

---

---

---

---

---

---

Social history: marital status, with whom you live, what community organizations do you belong to or participate in

---

---

---

---

Educational history.

---

---

---

---

Occupational history.

---

---

---

---

---

---



---

---

---

---

---

Health history: including history of all illnesses for which you are currently receiving treatment.

---

---

---

---

---

---

---

Allergies.

---

---

---

---

---

Psychiatric medication used in the past.

---

---

---

---

---

Psychiatric medication currently being used.

---

---

---

---

---



Family mental health history: who else in your extended family has a mental illness.

---

---

---

---

---

Problems with gestation and birth.

---

---

---

---

---

Bonding with your parents or primary caregivers.

---

---

---

---

---

---

What was each parent like during your childhood.

---

---

---

---

---

---

Your relationship with each parent.

---

---

---

---

---

---

Your parents' relationship with each other.

---

---

---

---

---

---



Number and relative ages of siblings.

---

---

---

---

Any other significant relationships.

---

---

---

---

Childhood developmental issues.

---

---

---

---

---

---

---

---

---

---

Childhood hurts and traumas.

---

---

---

---

---

Significant childhood medical history.

---

---

---

---

---



Childhood spiritual history of any.

---

---

---

---

Adult traumas and issues.

---

---

---

---

Adult spiritual history of any.

---

---

---

---

### GOALS FOR TREATMENT

Symptoms, behaviors, dysfunctional cognitions you would like to work on.

---

---

---

---

Any other treatment goals.

---

---

---

---

---

---

---

---

---

---

---

---

