

Family Information

Parental Status: Living together _____ Separated/Divorced _____ Deceased _____

Father's age _____ If deceased, age and year of death _____

Mother's age _____ If deceased, age and year of death _____

Highest educational level attained by: Father _____ Mother _____

Father's most recent business or position _____

Mother's most recent business or position _____

Ages and Genders and names of siblings _____

Are/were either of your parents alcoholic or drug addicted? Yes ___ No ___ In Recovery ___

Are/were any of your siblings alcoholic or drug addicted? Yes ___ No ___ In Recovery ___

Are/were any of your grandparents alcoholic or drug addicted? Yes ___ No ___

Are/were any other family members alcoholic or drug addicted? Yes ___ No ___

Contact in case of medical or psychological emergency: (**Note:** *This person would only be contacted with your consent, or during life threatening circumstances.*)

Name _____ Relationship _____

Address _____

Phone _____ Other phone _____

Briefly describe why you are seeking therapy at this time:

What else might be important for your therapist to know?
