

**Sandy Novak, MA, MS, LPC
Individual, Couple, and Family Therapy
1480 Lee Hill Rd. #7
Boulder, CO. 80304
303-629-2960**

Life History Questionnaire

All of the information you give on this questionnaire is strictly confidential. If you do not desire to answer any question, please leave it blank. Thank you.

General Information:

Today's date _____

Name:

Date of birth:

Age:

Address:

Phone: days

evenings

Marital status:

Referred by:

May I acknowledge this referral to the referring individual? _____

Present reasons for seeking counseling:

History of these concerns:

Current functioning:

Occupation/ current employment/ how are you doing there?

Sleep patterns (changes, how many hours, start/stop)

Eating—changes:

Any problems in your relationships?

Do you have friends/ a support system in Boulder?

Current physical activity:

Family/Personal History (including history of mental illness, learning disabilities, hospitalizations, earlier diagnoses. Family history of the same)

Parents: married/ divorced/ remarried/ died. Occupations:

Siblings: ages:

Family mental illness, hospitalizations (including extended family members)

How have you gotten along with each parent?

Current or Past Medical Conditions/ Illnesses/ Injuries (including medications)

You:

Family members' health and medications:

Use of medications by you:

Current:

Past:

Psychological Treatment:

When:

With Whom:

How long:

Medications:

Helpful/ not helpful:

Hospitalized:

Trauma (specify current or past, give approximate dates)

Physical:

Abuse or accidents:

Emotional:

Sexual:

Suicidal/Homicidal/ Assaultive Thoughts or Behaviors:

Current: Are you feeling suicidal/ want to hurt yourself? How might you do this?

Past:

Have you or do you want to hurt someone?

Use of Alcohol:

Current:

Daily:

Weekly:

Any blackouts:

Past:

Daily:

Weekly:

Any blackouts:

Pertinent Family Alcohol History (Do/did any family members, including grandparents, have problems with alcohol or are /were heavy drinkers?):

Use of Drugs:

Current:

Past:

Pertinent family history:

Smoking history

Are there any issues of diversity or difference you would like to discuss? (racial/ethnic issues, sexual orientation issues, religious/spiritual issues)

Your goals for therapy:

What are your expectations for me as your psychotherapist?

Cancelation Policy: If you need to postpone or cancel an appointment, please do so with more than 24 hours notice or the regular fee will be assessed for the appointed time. Emergencies are, of course, an exception. Please call my 24 hour voice mail soon as you know. Thank you.

I have read and understand this policy: _____