

## Biographical Information



WONDERFULLY MADE YOU  
COUNSELING

Please fill out this biographical background form as completely as possible. It will help me in our work together.

Information is confidential as outlined in the Policies & Procedures form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

### **Personal Information**

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth and place of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Highest Grade/Degree: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

Occupation (former, if retired): \_\_\_\_\_

How Did You Hear About Wonderfully Made You Counseling?:

\_\_\_\_\_

Presenting problem (when did it start, how does it affect you):

\_\_\_\_\_

Estimate the severity of above problem: Mild Moderate Severe Very Severe

### **Relationship Status**

Marital Status: Single Married Divorced Widowed In Relationship Living with Partner

# of Years Together: \_\_\_\_\_

Past & present relationship(s) (names, years together, statement about the nature of the relationship(s)—friendly, distant, physically/emotionally abusive, loving, hostile, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present spouse/partner's highest level of education: \_\_\_\_\_

Present spouse/partner's occupation: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_