George Washington University Counseling Center
CONFIDENTIAL PERSONAL HISTORY

Name:____ Date:_________________

Please briefly state your reasons for coming to the University Counseling Center:

How much time has elapsed from the time you initially contacted the Counseling Center to your appointment to be seen? Please circle:

same day 1-2 days same week more than a week

Please rate your sense of urgency to be seen when

		Not at all urgent				Life threatening
a.	you initially contacted us	1	2	3	4	5
b.	day of scheduled appointment	1	2	3	4	5

What are your major goals for counseling in order of importance?

Please use this space for any additional information you would like us to know.

PROBLEM CHECKLIST: Please complete the following:

None This has not happened to me.
Mild This has been happening recently, but it is not having, or is only having a small impact on your quality of life.
Moderate The problem is having a noticeable impact on your quality of life and day to day functioning.
Severe The problem is having a major impact on your quality of life and/or day-to-day functioning.

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
appetite changes	[ ]	[ ]	[ ]	[ ]	harming things/people	[ ]	[ ]	[ ]	[ ]	sexual concerns/questions	[ ]	[ ]	[ ]	[ ]
sleep problems	[ ]	[ ]	[ ]	[ ]	violent thoughts	[ ]	[ ]	[ ]	[ ]	body image worries	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	self-harm/self-cutting	[ ]	[ ]	[ ]	[ ]	not eating regularly	[ ]	[ ]	[ ]	[ ]
low motivation	[ ]	[ ]	[ ]	[ ]	thoughts about hurting					using laxatives	[ ]	[ ]	[ ]	[ ]
poor concentration	[ ]	[ ]	[ ]	[ ]	myself/ending my life	[ ]	[ ]	[ ]	[ ]	binging/vomiting	[ ]	[ ]	[ ]	[ ]
indecisive	[ ]	[ ]	[ ]	[ ]	feeling overwhelmed	[ ]	[ ]	[ ]	[ ]	alcohol use	[ ]	[ ]	[ ]	[ ]
health problems	[ ]	[ ]	[ ]	[ ]	feelings hopeless	[ ]	[ ]	[ ]	[ ]	drug use	[ ]	[ ]	[ ]	[ ]
weight gain/loss	[ ]	[ ]	[ ]	[ ]	withdrawing from people	[ ]	[ ]	[ ]	[ ]	physical assault/ abuse	[ ]	[ ]	[ ]	[ ]
impulsive behavior	[ ]	[ ]	[ ]	[ ]	feeling worthless	[ ]	[ ]	[ ]	[ ]	sexual assault/abuse	[ ]	[ ]	[ ]	[ ]
moody-highs/lows	[ ]	[ ]	[ ]	[ ]	self-criticism	[ ]	[ ]	[ ]	[ ]	verbal assault/abuse	[ ]	[ ]	[ ]	[ ]
not happy	[ ]	[ ]	[ ]	[ ]	guilt/shame	[ ]	[ ]	[ ]	[ ]	learning disability	[ ]	[ ]	[ ]	[ ]
aggressive behavior	[ ]	[ ]	[ ]	[ ]	feeling high without drugs	[ ]	[ ]	[ ]	[ ]	academic concerns	[ ]	[ ]	[ ]	[ ]
irritability/anger	[ ]	[ ]	[ ]	[ ]	overly energetic	[ ]	[ ]	[ ]	[ ]	career concerns	[ ]	[ ]	[ ]	[ ]
anxiety	[ ]	[ ]	[ ]	[ ]	fears or phobias	[ ]	[ ]	[ ]	[ ]	undecided about school	[ ]	[ ]	[ ]	[ ]
panicky feelings	[ ]	[ ]	[ ]	[ ]	obsessive thoughts	[ ]	[ ]	[ ]	[ ]	problems adjusting to GW	[ ]	[ ]	[ ]	[ ]
agitated/restless	[ ]	[ ]	[ ]	[ ]	compulsive behaviors	[ ]	[ ]	[ ]	[ ]	lying/stealing	[ ]	[ ]	[ ]	[ ]
depressed feelings	[ ]	[ ]	[ ]	[ ]	feeling of grief/loss	[ ]	[ ]	[ ]	[ ]	other: ________________	[ ]	[ ]	[ ]	[ ]
friend/peer problems	[ ]	[ ]	[ ]	[ ]	death of someone close	[ ]	[ ]	[ ]	[ ]	______________________	[ ]	[ ]	[ ]	[ ]
financial problems	[ ]	[ ]	[ ]	[ ]	relationship problems	[ ]	[ ]	[ ]	[ ]	______________________	[ ]	[ ]	[ ]	[ ]
family problems	[ ]	[ ]	[ ]	[ ]	difficulty trusting others	[ ]	[ ]	[ ]	[ ]	______________________	[ ]	[ ]	[ ]	[ ]

MENTAL HEALTH HISTORY

[ ] [ ] **Prior psychotherapy? If yes, number of separate occasions ________**

No	Yes	Prior provider name	Phone	Dates/duration	Reason	What was helpful?
		________________	__________	__________	______________	________________
		________________	__________	__________	______________	________________

[ ] [ ] **Prior hospitalization for a psychiatric, emotional, or substance use disorder? If yes, number of separate occasions _________________**

No	Yes	Impatient facility name	Phone	Dates/duration	Reason	What was helpful?
		________________	__________	__________	______________	________________
		________________	__________	__________	______________	________________

[ ] [ ] **Prior or current prescribed psychological medication usage?** If yes:

No	Yes	Medication	Dosage/Frequency	Start date /End date	Physician	Phone	What was helpful?
		__________	__________	__________	____________	________	____________
		__________	__________	__________	____________	________	____________

Additional information: ____

MEDICAL HISTORY

Describe current physical health: [ ] Good [ ] Fair [ ] Poor

List any medications currently being taken (give dosage & reason):

____

____

____

Allergies: ______________________________________

Describe any current medical conditions and treatment:

____

____

____

Describe significant illnesses or events in the past:_____________

____

Is there a history of any of the following in the family:

[ ] Alzheimer's disease/dementia [ ] diabetes

[ ] behavior problems [ ] heart disease

[ ] birth defects [ ] high blood pressure

[ ] cancer [ ] developmental disability

[ ] other chronic or serious health problems ____________________

____

Describe any serious hospitalizations or accidents:

Date ____ Age _____ Reason ________________________

Date ____ Age _____ Reason ________________________

Date ____ Age _____ Reason ________________________

List any known disabilities: ________________________

FAMILY OF ORIGIN HISTORY

Family of origin:

	Age	Education	Occupation	Race/Culture
mother	___	_______	__________	___________
father	___	_______	__________	___________
stepmother	___	_______	__________	___________
stepfather	___	_______	__________	___________
brother(s)	___	_______	__________	___________
sister(s)	___	_______	__________	___________

other (specify)

____

____

Parents' current marital status:

[ ] married to each other

[ ] separated for _____ years

[ ] divorced for _____ years

[ ] mother remarried _____ times

[ ] father remarried _____ times

[ ] mother involved with someone

[ ] father involved with someone

[ ] mother deceased for ____ years

[ ] father deceased for _____ years

Describe childhood home environment

[ ] low level problems

[ ] medium level problems

[ ] high level problems

[ ] witnessed physical/sexual abuse

[ ] experienced physical/sexual abuse

[ ] witnessed/experienced verbal abuse

Describe current family support:

[ ] estranged

[ ] supportive with tensions

[ ] very supportive

[ ] [ ] **Has any family member had mental health or substance abuse issues? If yes, please specify** : ______________________________

No Yes ____

[ ] [ ] **Has any family member received mental health or substance abuse treatment and/or medication? If yes, please specify:** _____________

No Yes ____

____

Additional information about your family that would be important for us to know: ______________________________

____

SOCIAL HISTORY

Relationship status:
- [ ] single, never married
- [ ] dating for _______ (mo/yr)
- [ ] engaged _____ months
- [ ] married for ____ years
- [ ] divorced for ____ years
- [ ] separated for ____ years
- [ ] live-in for ____ years
- [ ] ___ prior marriages (self)
- [ ] ___ prior marriages (partner)

Current relationship satisfaction:
- [ ] very satisfied with relationship
- [ ] satisfied with relationship
- [ ] somewhat satisfied with relationship
- [ ] dissatisfied with relationship
- [ ] very dissatisfied with relationship

Intimate relationship:
- [ ] never been in a serious relationship
- [ ] not currently in a relationship
- [ ] currently in a serious relationship
- [ ] concerns about intimate relationships

Social support system:
- [ ] supportive network
- [ ] few friends
- [ ] substance-use-based friends
- [ ] no friends
- [ ] concerns about friendships

Sexual history:
sexual orientation _____________
- [ ] currently sexually active
- [ ] previously sexually active
- [ ] practicing safe sex

Cultural/spiritual/recreational history:
cultural identity (e.g., ethnicity, religion): ______________________________

describe any cultural issues that contribute to current problem: ______________________________

currently active in community/recreational activities? No [ ] Yes [ ] ______________________________

formerly active in community/recreational activities? No [ ] Yes [ ] ______________________________

currently engage in hobbies? No [ ] Yes [ ] ______________________________

currently participate in spiritual activities? No [ ] Yes [ ] ______________________________

Additional information: ______________________________

Describe current living situation, roommate, etc: ______________________________

____

SUBSTANCE USE HISTORY

[ ] No history of use of any of the substances listed

Substances used : (complete all that apply)	**When first used**	**When last used**	**Frequency**	**Amount**
[ ] alcohol	_______	_______	_______	________
[ ] inhalants (e.g., glue, gas)	_______	_______	_______	________
[ ] amphetamines/speed	_______	_______	_______	________
[ ] PCP	_______	_______	_______	________
[ ] caffeine	_______	_______	_______	________
[ ] opiates (e.g., heroin)	_______	_______	_______	________
[ ] crack cocaine/cocaine	_______	_______	_______	________
[ ] hallucinogens (e.g., LSD)	_______	______	________	__________
[ ] marijuana or hashish	_______	______	________	__________
[ ] nicotine/cigarettes	_______	______	________	__________
[ ] barbiturates/downers	_______	______	________	__________
[ ] prescription drug overuse	_______	______	________	__________
[ ] XTS	_______	______	________	__________
[ ] other: ______________	_______	______	________	__________

Substance abuse treatment history:
- [ ] outpatient (age __________)
- [ ] inpatient (age ___________)
- [ ] 12-step program (age _____)
- [ ] stopped on own (age _____)
- [ ] other (age ______________)

describe:_________

Events experienced with substance use (check all that apply):
- [ ] hangovers
- [ ] withdrawal symptoms
- [ ] sleep disturbance
- [ ] binges
- [ ] seizures
- [ ] medical conditions
- [ ] assaults against client
- [ ] job loss
- [ ] blackouts
- [ ] tolerance changes
- [ ] suicidal impulse
- [ ] arrests
- [ ] overdose
- [ ] loss of control
- [ ] relationship conflicts
- [ ] SJS violations
- [ ] violent impulses/behavior
- [ ] other: ______________________________

ACADEMIC/WORK HISTORY

Employment:
- [ ] employed and satisfied
- [ ] employed but dissatisfied
- [ ] conflicts at work
- [ ] unemployed
- [ ] no concerns at this time

Financial situation:
- [ ] no current financial problems
- [ ] relationship conflicts over finances
- [ ] large indebtedness
- [ ] other: __________________

Legal History:
- [ ] none
- [ ] stealing
- [ ] alcohol/drug related
- [ ] other: __________________

Career:
- [ ] no concerns at this time
- [ ] need direction in choosing major
- [ ] need direction in choosing career
- [ ] need information about world of work
- [ ] other: _______________________

Academic:
- [ ] no concerns at this time
- [ ] poor academic performance
- [ ] learning disability affecting academics
- [ ] test anxiety
- [ ] other: __________________________

Class Attendance:
- [ ] no concerns at this time
- [ ] sometimes not attending class
- [ ] frequently not attending class
- [ ] stopped attending class
- [ ] other: __________________