

Sally Whittingham Chamberlaine, M.A.
2027 Broadway, Suite C
Boulder, Colorado 80302
(303) 449-7587

Date: _____

LIFE HISTORY QUESTIONNAIRE (from *THE OTTAWA COUPLE & FAMILY INSTITUTE*)

The purpose of this questionnaire is to obtain some information about you so that I can better help you. Completing this questionnaire as fully and as accurately as you can will facilitate the development of your therapeutic program. You are requested to answer these questions in your own time, instead of using up your actual consulting time. If you need more space, please write on the back.

It is understandable that you might be concerned about what happens to this information about you, because this information is highly personal. All material in your file is strictly confidential.

If you prefer not to answer any question, just write: No answer

1) General Information (please print)

Name: _____

Relationship Status (circle all that apply): the following items apply to both heterosexual & same-sex relationships)

Single, Married, Common-Law, Separated, Divorced, Remarried, Widowed

If you have a partner – list first name: _____

How long have you been together? _____

How long have you been living together? _____

Age of partner: _____

Occupation of partner: _____

Do you have children? YES NO

If yes, how many live with you? _____

Please list their sex and age (even if they don't live with you.)

2) Medical History

Name of family physician or health care provider:

When did you last have a medical check-up?

Do you currently have any medical problems that require treatment? YES NO

If YES, please describe the problem and nature of the treatment:

Are you taking any medication at this time? YES NO

If YES, please list (include both prescription & non-prescription medication):

What other serious medical problems or accidents have you had?

Do you have any special physical needs? (please describe)

Do you use recreational drugs? YES NO

If YES, please list:

How frequently do you use alcohol? _____

Recreational drugs? _____

3) Social Network

Do you have someone with whom you can share personal problems?

How do you spend your leisure time?

Do you belong to any clubs or organizations (eg. church group, bowling team, PTA etc...)?

4) Other Information

Have you ever been: (circle)

Physically abused _____ Emotionally abused _____ Sexually abused _____

Is there any other information you think may help me?

5) Expectations for Therapy

What prompted you to seek therapy at this time?

What changes would you like to make?