

Jack Hannibal, MA, LMFT

Confidential Life History Form

(If coming as a couple, each partner please complete separately)

General Information (please print):

Name of client _____ Today's date _____

Address _____

City, State, Zip _____

Home phone _____ Work phone _____ Cell phone/text _____ Email _____

Please circle numbers where you do not wish to be called, and indicate any restrictions (no messages left, etc.)

Birth date _____ Age _____

Occupation _____ Employer _____ How long? _____

Education: Grade completed ____ College ____ Grad School ____ Degree ____ Institution _____

Relationship Status:

Single ____ Married ____ Separated ____ Divorced ____ Remarried ____ Widowed ____ Partnered ____

If you have a partner:

How long have you been together? _____

How long have you been living together? _____

Education and occupation of partner: _____

Do you have children? Yes ___ No ___

If yes, how many live with you? _____

Please list your children's names, age, and gender: _____

General Health Information:

Names of primary care/family physician? _____

Telephone number: _____

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 currently taking any medication at this time? Yes ___ No ___

If YES, list (included both prescription & non-prescription medication): _____

What other serious medical problems or accidents have you had? _____

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

Chemical Use:

Do you use recreational drugs? Yes ___ No ___

If YES, please list: _____

How frequently do you use alcohol? _____

How much beer, wine or hard liquor do you consume each week? _____

Have you ever been criticized for your drinking or drug use? Yes ___ No ___

Have you ever felt guilty for your drinking or drug use? Yes ___ No ___

Have you ever tried to cut down on your use of alcohol or drugs? Yes ___ No ___

How do drugs and alcohol effect you? _____

Comfort and Social Network:

Do you have someone with whom you can share personal problems or go to for comfort? Yes ___ No ___

If YES, who is it? _____

Do you, or did you ever turn to alcohol, sex, pornography, gambling, food, over-working, shopping or other material things for comfort? Please describe: _____

How do you spend your leisure time? _____

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

Family History:

Mother's Name _____ Age (or age at death) _____ Illness (or cause of death) _____

Education: _____ Occupation: _____

Married _____ Separated _____ Divorced _____ Widowed _____

Father's Name _____ Age (or age at death) _____ Illness (or cause of death) _____

Education: _____ Occupation: _____

Married _____ Separated _____ Divorced _____ Widowed _____

Siblings:

I was born the (first, second, third, etc.) _____ of (two, three, four, etc.) _____ children

Sibling names and ages: _____

If you were to use three adjectives to describe you mother, as you were growing up, what would they be?

_____, _____, _____

What sort of relationship did you have with your mother? _____

If you were to use three adjectives to describe you father, as you were growing up, what would they be?

_____, _____, _____

What sort of relationship did you have with your father? _____

Were your parents openly affectionate? Yes ___ No ___ Did they fight? Yes ___ No ___

Did your parents resolve arguments and get close again? Yes ___ No ___

Who did you go to for comfort when you were a child? _____

Comment on any significant relationships that have been influential in your experience growing up. (Use reverse side if necessary): _____

Relationship History:

Partner's Name	Partner's age when relationship began	Your age when relationship began	Your age when relationship ended
1. _____			
2. _____			
3. _____			
4. _____			

Were you able to find comfort from your previous relationships? Yes ___ No ___

Current Relationship:

Level of commitment to relationship:					Level of distress in relationship:				
1	2	3	4	5	1	2	3	4	5
Low			High		Low			High	
(Circle number)									

Cultural / Religious Information:

What is your race / ethnicity? _____

How much do you identify with ethnic heritage?

1	2	3	4	5		1	2	3	4	5	
Not at all					Strongly	Not at all					Strongly
(Circle one)											

Religious or spiritual preference? _____

1	2	3	4	5
Not at all		Somewhat		Strongly

Are you currently active in your religious / spiritual practice?

Are there any specific aspects about your ethnic or religious values and/or experience that you feel would be helpful for me to know? If so, please describe: _____

Sexuality:

What is your sexual orientation? ___heterosexual ___gay / lesbian ___bisexual ___other ___ Not sure

Sexual relationship: From 1 (low) to 5 (high)

How satisfied are you with your sexual relationship? _____

Referral: How did you find out about me? (Please circle those that apply)

My web site	Psychology Today	Saw me speak	Doctor	Friend	Other
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(Optional) If someone suggested that you contact my office, please provide contact information

Name _____ Relationship _____

Phone _____

May I have permission to contact this person and acknowledge the referral? Yes ___ No ___

Thank you for taking the time to complete this form.

I agree to counseling by Jack Hannibal, MA, LMFT. This person is licensed by the state of NC to provide counseling for persons with individual, couple, or family problems. I am aware that the counselor does not provide medical or legal assistance or psychological testing.

I agree to payment of fees after each session by check, cash, Visa or MasterCard to my counselor. I agree to change or cancel appointments with a twenty-four (24) hour notice, or else pay \$75 for the missed appointment.

I understand that the information shared by either the counselor or the supervisor is confidential and cannot be released to anyone without written consent except under the following conditions provided by the law:

Imminent Danger—the law states that if we judge that you are a danger to yourself or others, we are required to take action to prevent harm from occurring to you or to others.

Child abuse—we are required, by law, to report all cases of actual or suspected physical, emotional, or sexual abuse or neglect of children to the Department of Social Services.

Client Signature _____ Date _____

Parent/Spouse/Partner Signature (if necessary) _____ Date _____