

ADULT BIOGRAPHICAL INFORMATION FORM

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Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Disclosure Form. If you wish not to answer any question, merely write "Do not care to answer." Please write clearly and bring this form to the first session.

Date _____

Name _____

Address _____

E-mail
address _____

Phone Numbers:

(h) _____ (w) _____ (c) _____

Should I need to reach you, which number would you like me to call? _____

Can I leave a message? _____

If not, how can I reach you while protecting confidentiality? _____

Emergency contact
number _____

Date of birth _____ Age _____

Place of Birth _____

Referral

Source _____

Can I thank the person who referred you? _____

Occupational History

Current Occupation _____

Employer _____

Past Occupations _____

Ideal/Dream Occupation(s) _____

Highest Grade/Degree _____

Type of Degree _____

Family History

Spouse, partner an/or significant other _____ Age _____

Occupation _____

Your marital or relationship status _____

Marriage/divorce dates _____

Children/grand/step (names/ages & brief statement on your relationship with the person)

1. _____

2. _____

3. _____

Others in household including pets _____

Parents/Step-parent (names/ages & brief statement on your relationship with the person)

Father: _____

Mother: _____

Stepparents: _____

Siblings (names/ages & brief statement on your relationship with the person)

1. _____

2. _____

3. _____

Deceased family members or significant others and dates (including pets):

Is there a family history of substance abuse, mental illness, abusive relationships, eating disorders or violence?

Medical/Psychological History

Medical doctors (name /phone):

Any past/present medical care that would be helpful for me to know about?

Do you have any allergies? _____

What
types? _____

Are you currently or have you ever been on Medication?

If yes, please list the medication(s) and the reason?

Number of pregnancies & dates _____

Childbirth Experience(s) and dates _____

How often do you: Drink Alcohol? _____ Smoke _____ Rec Drugs _____ Casual Sex _____

Gambling _____

Other addictive behaviors(please specify) _____

Have you ever been treated for substance abuse or other addictive behaviors? _____

Where were you in treatment _____ Dates _____

Does your recovery feel solid? _____

Do you think you have an untreated addiction? _____

If yes, what substance(s) or behaviors?

Have you ever considered or attempted suicide? _____

Did you have a plan? _____

Do you feel suicidal now? _____

Have you ever been hospitalized for depression or other emotional distress? If so please describe:

Do you now, or have you ever had an eating disorder or body image challenges. Please describe.

Were there any events or accidents in your life that you feel were traumatic?

Have you been in psychotherapy before?

What was beneficial?

What was not helpful?

Please state briefly your reasons for seeking therapy at this time. List your specific concerns.

What are your goals for therapy?

What are your strengths?

What is your experience with art materials and how do you feel about making art?

Religious/Spiritual History

What was your religious upbringing and what is your spiritual orientation now?

What would you say is your fundamental belief about your religious or spiritual orientation? _____

How important is this aspect in your life? _____

Life Skills and Self Care

Hobbies/Interests _____

Do you exercise? _____ What kind? _____

How often _____

What do you like to do for self care? _____

Who (person or groups) is your support system _____

What brings you joy or pleasure in your life _____

What are your hopes and dreams for yourself _____

Please use space below or the back to add any other information you would like me to know about you and your situation. Thank you for your time.
