

CHILD BIOGRAPHICAL INFORMATION FORM

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Please fill out this biographical 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 _____ Age _____ Birthdate ____/____/____

Address _____

Phone numbers (h) _____ (w) _____ (c) _____

E-mail address _____

Mothers name _____ Age _____

Occupation _____

Address _____

Phone numbers (h) _____ (w) _____ (c) _____

E-mail address _____

Brief statement on relationship with this parent _____

Father's name _____ Age _____

Address _____

Occupation _____

Phone numbers (h) _____ (w) _____ (c) _____

E-mail address _____

Brief statement on relationship with this parent _____

Step/Grandparents names _____

Brief statement on relationship with this person(s) _____

Who to call in case of emergency: _____ phone _____

Marital status of parents _____

Marriage/divorce dates _____

Siblings (names/ages & brief statement of relationship with this person)

1. _____

2. _____

3. _____

Deceased family members or significant others, dates and relationship with this person

(including pets):

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

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?

Mother's Childbirth Experience _____

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? _____

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? Please

describe: _____

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

Do you now, or have you ever had an eating disorder or body image challenge? Describe:

Have you been in psychotherapy before? _____

What was/was not beneficial?

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

What are your goals for therapy? _____

What are your fears? _____

What are your strengths?

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

Current Symptoms

Please check any of the following which have been problems in the last few months:

Body:

___ weight loss/gain

___ headaches

___ appetite loss/gain

___ fatigue

___ increased energy

___ stomach trouble

dizziness

relaxation

bowel/urinary problems

genital problems

insomnia

tension/stress reactions

Other, explain _____

Emotions:

anger

anxiety

depression

shyness

nervousness

grieving/sadness

unhappiness

inferior feelings

temper control

fears

nightmares

loneliness

Other, explain _____

Mental:

making decisions

suicidal thoughts

invasive thoughts

___divorce/separation

___marital problems

___finance problems

___children

___School problems

___concentration

___legal problems

___memory

___education

___Other, explain _____

Interest/Social Inventory

What are your interest/hobbies? _____

Favorite sports? _____

Leisure time activities? _____

Religious/spiritual beliefs? _____

Hero/role models _____

Favorite toys _____

Like playing alone or with others? _____

How well do you get along with others? _____

What are your favorite things to play? _____

Favorite TVshows/movies _____

Favorite books/songs _____

Favorite people _____

Been exposed to art materials? _____

Favorite art materials _____

What are your strengths and assets? _____

Signatures:

Client: _____

Guardian: _____

Date: _____