



# BAY AREA PSYCHOLOGICAL CONSULTANTS

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**CONFIDENTIAL**

**NOT TO BE RELEASED TO OTHERS WITHOUT WRITTEN CONSENT OF PATIENT**

## Confidential Personal History I

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

**Note to Client:** *This personal history form is intended to help us work together. Everything is confidential. You may choose not to answer any question. Please indicate areas of particular importance to you by circling the question. Many questions can be answered by just writing "yes" or "no" or by making a check mark. Don't worry if you can't answer some of the questions, or if some do not apply to you. Just fill in the blanks as completely as you can. PLEASE PRINT OR WRITE LEGIBLY.*

### I. Personal History

1. Age: \_\_\_\_\_ Circle One: Male Female
2. How long in this state? \_\_\_\_\_ Country? \_\_\_\_\_ Do you move often? \_\_\_\_\_ Seldom? \_\_\_\_\_
3. Birthplace: \_\_\_\_\_ Citizen of what nation/country? \_\_\_\_\_  
Raised primarily where? \_\_\_\_\_
4. Is your... Father living? \_\_\_\_\_ Mother? \_\_\_\_\_ Together? \_\_\_\_\_ Divorced? \_\_\_\_\_ How long: \_\_\_\_\_
5. Was your family... Poor Average Wealthy Language spoken at home: \_\_\_\_\_
6. Was your home life with parents... Unhappy Bearable Pleasant Very Happy
7. Do you belong to a church? \_\_\_\_\_ Denomination? \_\_\_\_\_ How often do you attend? \_\_\_\_\_
8. Are you... Single Engaged (How long?) \_\_\_\_\_ Married Widowed Separated Divorced
9. Is your home life... Very Happy Pleasant Bearable Unhappy
10. Number of brothers: \_\_\_\_\_ Their ages: \_\_\_\_\_  
Number of sisters: \_\_\_\_\_ Their ages: \_\_\_\_\_

11. Father's name and occupation: \_\_\_\_\_
12. Mother's name and occupation: \_\_\_\_\_
13. Father's education: \_\_\_\_\_ Mother's education: \_\_\_\_\_
14. Spouse's name: \_\_\_\_\_ Age: \_\_\_\_\_
15. Spouse's work or chief interest: \_\_\_\_\_
16. Do you have any children? \_\_\_\_\_ Name(s): \_\_\_\_\_  
 (Circle the ages of married ones) Ages: \_\_\_\_\_

**Section II. Your Health**

1. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Physical condition: Excellent Good Fair Poor
2. Please describe any physical handicaps or health worries that bother you:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. What do you do to keep in good physical condition? \_\_\_\_\_
4. Are you able to relax easily after strenuous effort? \_\_\_\_\_ Are you happy most of the time? \_\_\_\_\_
5. What worries or anxieties do you have? \_\_\_\_\_  
 \_\_\_\_\_
6. When was your last complete physical examination? \_\_\_\_\_ What was the result? \_\_\_\_\_
7. When did you last visit a doctor? \_\_\_\_\_ Why? \_\_\_\_\_
8. Have you ever been refused insurance or employment because of a physical condition? \_\_\_\_\_  
 Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Please check any of the following areas that are currently problematic for you:

- |   |  |
|---|--|
| <input type="checkbox"/> Sleep            | <input type="checkbox"/> Eating behavior   |
| <input type="checkbox"/> Energy           | <input type="checkbox"/> Addictive behaviors (including substances, spending, sex, etc.) |
| <input type="checkbox"/> Appetite         |  |
| <input type="checkbox"/> Memory           | <input type="checkbox"/> Lack of interest  |
| <input type="checkbox"/> Concentration    | <input type="checkbox"/> Depressed Mood  |
| <input type="checkbox"/> Relationships    | <input type="checkbox"/> Worried a lot   |
| <input type="checkbox"/> Sex drive        | <input type="checkbox"/> Anger/Irritability  |
| <input type="checkbox"/> Marital conflict | <input type="checkbox"/> Problems with children  |

### Section III. History of Mental Health Treatment & Psychotropic Medications

1. Current Medications: \_\_\_\_\_  
\_\_\_\_\_

2. What did you find helpful during your treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What was not helpful during your treatment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe any trauma history:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section IV. Your Finances

1. Do you have an independent income? \_\_\_\_\_ Do you have a system of saving money? \_\_\_\_\_  
Are you currently in financial crisis? \_\_\_\_\_

2. How many dependents do you have? \_\_\_\_\_ Their ages: \_\_\_\_\_

3. What financial help are you seeking in order to carry out your educational, vocational, or other plans? \_\_\_\_\_

4. If you do not pay your bills, who assists you? \_\_\_\_\_

## V. Your Issues

1. Briefly describe your major stressors over the last few years. Please mention any ambitions, obstacles, difficulties, etc., even if they seem relatively unimportant.

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2. Briefly describe/list current stressors: \_\_\_\_\_

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3. What avenues have you explored to work on them? \_\_\_\_\_

4. Have you consulted anyone professionally about these issues? \_\_\_\_\_ If so, whom? \_\_\_\_\_

5. With whom do you usually talk over your problems or plans? \_\_\_\_\_

6. In what ways is your family sympathetic or unsympathetic toward your issues? \_\_\_\_\_

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## Section VI. Your Interests and Traits

1. What are your present hobbies or keen interests? \_\_\_\_\_

2. Past hobbies or interests (if different)? \_\_\_\_\_

3. To what clubs and organizations do you now belong? \_\_\_\_\_

4. Is your social activity chiefly with groups of your own age? \_\_\_\_\_

5. In sports, would you rather be a player or a spectator? \_\_\_\_\_

6. What do you enjoy more than anything else? \_\_\_\_\_

7. What habits do you have that might hinder you? \_\_\_\_\_

8. What sort of person do you like best? \_\_\_\_\_

9. What kind of person do you dislike? \_\_\_\_\_

10. Do you have many acquaintances? \_\_\_\_\_ How many close friends? \_\_\_\_\_

11. Do you have feelings of failure? \_\_\_\_\_ If so, about what? \_\_\_\_\_
12. In what ways, if any, do you lack confidence in yourself? \_\_\_\_\_
13. In the spaces below, list four or five of your prominent character traits:
- a. Strengths \_\_\_\_\_ b. Weaknesses \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Section VII. Your Education

1. List schools and colleges attended. (Name last one first)
- | Name  | Dates | Grade Completed or degree |
|-------|-------|---------------------------|
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |
| _____ | _____ | _____                     |
2. How well did you like school? \_\_\_\_\_
3. If starting over, would you choose the same line of study? \_\_\_\_\_
4. Please describe any learning difficulties or disabilities you have had? \_\_\_\_\_
5. If your education has been (or may be) cut off before completion, why? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
6. What further education do you plan? \_\_\_\_\_
7. List studies that you like very much: \_\_\_\_\_
8. List those you dislike: \_\_\_\_\_
9. Has school been: easy    fairly easy    difficult    very difficult
10. What training or courses taken do you consider most valuable to you? \_\_\_\_\_
11. In what fields of learning are you best informed? \_\_\_\_\_
12. In what extracurricular activities have you been active? \_\_\_\_\_

13. What achievements in school gave (or give) you great satisfaction?

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14. If you had the time, what books would you like to read?

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15. Of books you have read, did any make a great impression on you? If so, which?

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16. What traveling have you done, and what about it greatly impressed you?

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### **Section IX. Occupations/Employment**

Please list the types of jobs you have had and how long you held each job (e.g., Office Assistant 5 yrs., Insurance Agent 7 yrs, etc.):

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### **Section X. Your Story**

In the space below, write anything you wish to tell about your life that you think is important. Especially describe the events that gave you great joy or great disappointment.

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