## Stephen J. Terrell, MS, LPC, RPT, SEP Licensed Professional Counselor #15575 8500 North MOPAC, Suite 701 Austin, Texas 78759 512-206-0260 \* 512-206-0260 (fax)

steve@austinattach.com

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session or fax 1-512-206-0260.

DATE :			
NAME:			MALE/FEMALE:
DATE OF BIRTH/PLACE:			AGE:
ADDRESS:			
City:	State:		Zip:
TELEPHONE: H:	_ Cell:	W/Off:	FAX:
FOR ROUTINE MESSAGES: Pho	ne #	E-mail:	
FOR CONFIDENTIAL/PRIVATE	MESSAGES: Phone #_		E-mail:
HIGHEST GRADE/DEGREE:		TYPE O	F DEGREE:
Occupation:			
In case of emergency (name, re	elationship, phone):		
1,			
2			
PRESENTING PROBLEM (Be as s	pecific as you can: whe	en did it start, ho	w does it affect you):

**Estimate the severity of above problem:** Mild-Moderate-Severe-Very severe

	CURRENT:	
PAST Partners (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):  CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1.	Partner:	Years:
PAST Partners (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):  CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1	PARTNER's: Education:	Occupation:
CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1.  2.  3.  4.  5.  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:	Nature of your relationship:	
CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1.  2.  3.  4.  5.  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:		
CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1.  2.  3.  4.  5.  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:		
CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1.  2.  3.  4.  5.  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:		
CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1.  2.  3.  4.  5.  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:		
CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1.  2.  3.  4.  5.  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:	PAST Partners (vears together, names	& statement about the nature of the relationship/s, i.e., friendly, distant,
CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)  1		
1	,	
1		
1		
1		
1		
2	CHILDREN/STEP/GRAND (names/ages	s & brief statement on your relationship with the person)
2	1	
3  4  5  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:		
5  PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:		
PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):  Father:		
Father:		
Mother:	Father:	
Mother:		
Mother:		
	Mother:	
Step-	Step-	
parents:	parents:	

SIBLINGS (name/age, if dead: age and cause of death & brief statement about the relationship):
1
2
3
4
5
MEDICAL DOCTOR/S (name /phone):
PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):
SPECIFY <u>MEDICATION</u> you are presently taking and for what. <u>PRINT</u> clearly:
PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):
SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, how, etc)
FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc):

FRIENDSHIPS, COM	MUNITY, & SPIRITUALITY (	Describe quality, frequency, activities, etc.):
degree, phone & addre relationship and how he	ss, initial reason for therapy, In elpful it was, and how/why it en	year/s (beginning—end), estimated no. of sessions, name, d/Couple/Family, medication, brief description of the ded): City/State:
		Number os Sessions:
_	Liid Date.	
Reason for therapy.		
Reason Therapy		
Name:		City/State:
Beg Date:	End Date:	Number os Sessions:
Reason for therapy:		
Reason Therapy		
Ended:		
		City/State:
		Number os Sessions:
Reason for therapy:		_
Reason Therapy		
Ended:		

On a separate sheet of paper, please write the answers to the following questions. Please be as thorough as you can with each question.

## **Family of Origin:**

- Describe your mother and father (both strengths and weaknesses).
- How did your parents show affection to each other and their children?
- Describe your parent's marital history.
- Describe your parent's parenting philosophy.
- Describe your parent's means of motivation/discipline.
- Describe the communication style of your family of origin.
- How did your parent's handle disagreements and conflicts?
- How many siblings do you have and what role did each sibling play in family dynamics?
- Do you see any family patterns being repeated in your current family or in your siblings current families?
- Describe any changes in your family of origin, including: moves, job changes, significant events, deaths, separations from parents, divorce, major illness, or injuries.
- Describe your early childhood including any illnesses, hospitalizations, injuries, and separation from parents. Include significant memories, favorite activities, etc.

## **Current Family:**

- Describe your current marriage/relationship (include both strengths and weaknesses).
- Write a brief description of any previous marriage(s).
- Describe your parenting philosophy.
- Describe your means of motivation/discipline.
- Describe any differences of parenting styles.
- Describe your communication styles.
- How are decisions made?
- Describe any current significant medical problems.
- List your children and give a brief description of each child.
- What concerns do you have with any other family member?
- Describe the family's support system.
- Describe your family's involvement with outside activities.
- How large of a role (if any) does religion play in your family?
- Describe your family's lifestyle.

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/
OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):
What gives you the most joy or pleasure in your life?
What are your main worries and fears?

What are your goals for th	erapy?	
INFORMED CONSEN	T:	
- v	<u> </u>	our signature will indicate that you in the four-page document "Informed
Printed name:		
Social Security Number: _	<del>-</del>	<u> </u>
Address:		
		Zip
Email Address:		Ok to Email?
lome phone:		OK to leave message (Y/N)?
Work phone:		OK to leave message (Y/N)?
Who referred you to this p	ractice?	
		ent (Y/N)?
This acknowledges that I	nave read the HIPPA Privacy I	Form and may request a copy for my files.
Signature:		
Date:		
-u.c.		