

Hank Robb, Ph.D.
Counseling Psychologist

Diplomate
American Board of
Professional Psychology

(503) 635-2489
4550 S.W. Kruse Way Suite 340
Lake Oswego, Oregon 97035

Personal Information Form

Instructions: Please be frank in completing this form. Frank and full answers now will save both time and effort later. This information will be held in strictest confidence consistent with professional ethics and state and federal law.
PLEASE TYPE OR PRINT YOUR ANSWERS.

Date: _____ Name: _____
mo. day yr. (first) (middle) (last)

1. Date of birth: _____ Age: _____ Sex: M _____ F _____ Your SS# _____
mo. day yr.

2. Address: _____
street city state zip

3. Phones: _____ Best time to call: _____
home

_____ Best time to call: _____
work

4. Permanent address (if different from above) _____

5. Who referred you or suggested you seek service here? (check one)

(1) self _____ (2) school or teacher _____ (3) another mental health worker _____ (4) social agency _____

(5) clinic or hospital _____ (6) family doctor _____ (7) friend _____ (8) relative _____ (9) other _____

(explain) _____

How did this party learn of this service: _____

6. Relationship Status (check all that apply):

(1) no current partner _____ (2) not living with partner _____ (3) living with partner _____

(4) never married _____ (5) married now for first time _____ (6) married now for 2nd (or more) time _____

(7) separated _____ (8) divorced and not remarried _____ (9) widowed and not remarried _____

Name and number of years with current partner or spouse _____

Please list people living in your household

Name	relationship	age

Please list your children not living in your household

Name	age

7. Years of formal education completed (circle number of years):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 more than 20

8. How religious are you? (circle number on scale that best approximates your degree of religiosity)

very average non-believer

1 2 3 4 5 6 7 8 9

9. Mother's age: _____ If deceased, how old were you when she died? _____

10. Father's age: _____ If deceased, how old were you when he died? _____

11. If your mother and father separated, how old were you at the time? _____

12. If your mother and father divorced, how old were you at the time? _____

13. Total number of times mother divorced _____ Total number of times father divorced _____

14. Number of living brothers _____ Number of living sisters _____

15. Ages of living brothers _____ Ages of living sisters _____

16. I was child number _____ in a family of _____ children.

17. Were you adopted? _____ Yes _____ No

18. If you have previously had treatment of psychological problems please describe as follows:

_____ hours of individual therapy, spread over _____ years, ending _____ years ago.

If you have previously had treatment, please provide the name and address of each service provider:

19. Hours of group therapy _____ Weeks of hospitalization _____

20. Are you undergoing medical or psychological treatment anywhere else now? Yes _____ No _____

If so give name, address & phone: _____

21. Number of times during past year you were prescribed antidepressant drugs _____; antianxiety drugs _____

List all medications you are currently taking _____

22. If you have previously had treatment of psychological problems please describe the type (examples:

Client-centered, Jungian, hypnosis, drugs, etc.) _____

23. Briefly list (PRINT) your main **current** complaints, symptoms and problems: _____

24. Briefly list any additional **past** complaints, symptoms and problems: _____

25. Under what conditions are your problems worse? _____

26. Under what conditions are they improved? _____

27. List the things you like to do most, the kinds of things and persons that give you pleasure: _____

28. List your main personal assets and good points: _____

29. List your main bad points: _____

30. List your main **social** difficulties: _____

31. List your main **love and sex** difficulties: _____

32. List your main **school or work** difficulties: _____

33. List your main life goals: _____

34. List the things about yourself you would most like to change: _____

35. List your chief physical ailments, diseases, complaints or handicaps: _____

36. What occupations(s) have you mainly been trained for? _____

Present occupation: _____ Full time _____ Part time _____

37. Spouse's occupation: _____ Full time _____ Part time _____

38. Mother's occupation: _____ Father's occupation : _____

39. Mother's religion: _____ Father's religion: _____

40. If your mother and father did not raise you when you were young, who did? _____

41. Briefly describe the type of person your mother (or stepmother or person who substituted for your mother) was when you were a child and how you got along with her: _____

42. Briefly describe the type of person your father (or stepfather or father substitute) was when you were a child and how you got along with him: _____

43. If there were unusually disturbing features in you relationship to any of your brothers, briefly describe:

44. If there were unusually disturbing features in you relationship to any of your sisters, briefly describe:

45. Number of close relatives who have been seriously emotionally disturbed: _____
male female

Number of close relatives who have had serious problems with alcohol or other drugs: _____
male female

Number hospitalized for psychological treatment, or who have attempted suicide: _____
male female

46. Do you see yourself as having been physically, sexually or emotionally abused? Yes _____ No _____

47. Do you use psychoactive substances such as caffeine, nicotine, alcohol, etc.? Yes _____ No _____

48. Additional information that you think might be helpful: _____

49. Employer's name and address: _____

50. Health insurance company's name, address & phone #: _____

Insurance group # _____ ID # _____

51. If married, name and address of spouse's employer: _____

52. If married, spouse's birth date and name, address and phone # of health insurance company:

Insurance group # _____ ID # _____