

History Form

Scott Salathe, PsyD

Introduction: Completing this form is the first step to understanding your life and the various parts of your life and parts of you. I will follow-up on these with you, so feel free to save some details for our meeting. Please remember to bring this to your first session (or scan/email it to me). Finally, thank you for taking some time to complete this—it will help me to help you!

1. Your current life:

- a. *What is your name, gender, and what would you like me to call you?*

- b. *What are the top 2-3 issues / problems you are hoping to work on in therapy?*

- c. *When did these issues begin (roughly)?*

- d. *What losses or transitions are you going through now?*

- e. *What specific issues / symptoms do you have now?*

- f. *How often and how long do they last?*

- g. *How intense and severe?*

- h. *Other symptoms (esp. that affect your sleep, appetite, energy, relationships)?*

- i. *Any current hopelessness or suicidal thoughts?*

2. Your past emotional life:

- a. What symptoms or diagnoses have you had in the past?*

- b. Which psych meds have you taken in the past?*

- c. What kind of therapy have you had in the past?*

- d. Any psychological assessments or hospitalizations?*

- e. Any suicide attempts or self-harm in the past?*

3. Your family life:

- a. Who do you live with now?*

- b. If married / partnered—how long?*

- c. Any children—if so, what ages?*

- d. How old are your siblings and parents? Married or divorced?*

- e. As a child, did you feel loved, appreciated, and nurtured (most of the time)?*

- f. As a child, who comforted you?*

- g. Who in your family has struggled with depression, anxiety, alcohol, or drugs or attempted suicide?*

4. Your social life:

- a. *What do you do for fun and how often?*
- b. *Do you have friends you confide in / rely upon?*
- c. *Do you consider yourself an introvert or extrovert (or something else)?*

5. Your spiritual life:

- a. *Do you have a formal religious faith?*
- b. *Do you have your own spiritual practice based upon meditation, yoga, or earth-centered beliefs?*
- c. *What faith did your family teach you, and was it helpful to you?*

6. Your educational life:

- a. *What is your highest level of education?*
- b. *What kind of grades did you earn in school?*
- c. *Any specific struggles in reading, writing, or math?*

7. Your work life:

- a. *What is your current job, role, and how long?*
- b. *Is your work more of a "job" or more of a "career" or "passion"?*
- c. *How stressful is your work currently?*

8. Your medical and sexual life:

- a. What medical conditions do you currently have?*
- b. What medications (and dosages) do you take currently?*
- c. How many hours of sleep do you get, and how many do you need?*
- d. How healthy is your nutrition and self-discipline with eating?*
- e. What is your primary exercise and how often?*
- f. How satisfied are you with your overall fitness and weight?*
- g. Are you sexually active? Current concerns or disagreements with partner?*

9. Your life with substances / addictive behaviors:

- a. How often do you smoke (cigarettes, cigars, or marijuana, etc.)?*
- b. What are your drinking habits?*
- c. Have you used illegal drugs, if so which ones and when?*
- d. How often do you view porn? feel guilty about this?*
- e. Do you wonder if you gamble, shop, or game too much?*

10. Grief, loss, and trauma in your life (feel free to be brief here):

- a. *Who / what are the biggest losses or changes in your life?*
- b. *Any recent losses (family, pet, job, health)?*
- c. *Were you bullied or isolated in school?*
- d. *Did one of your parents drink excessively or frighten you?*
- e. *As a child / teen, were you abused (physically, sexually, verbally, or emotionally)?*
- f. *Have you ever had (or witnessed) a life-threatening event?*
- g. *As an adult, have you been in a relationship that you believed was abusive?*

11. Your personality and strengths:

- a. *Circle one of these statements that best describes you:*
 - i. *I like to get close to others, but relationships are complicated and messy and often I get hurt.*
 - ii. *I highly value my independence, so I usually don't get very close to others.*
 - iii. *I highly value closeness, but others are reluctant to get as close I as want.*
 - iv. *I usually build trust fairly easily and we depend on each other.*
- b. *What are your best qualities as a person?*
- c. *How strong / resilient do you feel you been in your life?*
- d. *Which of the following temperamental types do you most identify with? (check all that apply):*
 - _____ *perfectionist, idealistic, and ethical, yet sometimes intense*
 - _____ *helping, compassionate, and empathetic yet sometimes resentful*
 - _____ *ambitious, hard-working, and persuasive yet sometimes too driven*
 - _____ *creative, deep, unique, and expressive / artistic yet sometimes moody*
 - _____ *deep thinker, analytic, and logical, yet sometimes fearful*
 - _____ *teamwork, harmony, and stability, yet sometimes skeptical*
 - _____ *leadership, strength, and passion, yet sometimes pushy*
 - _____ *solid, steady, and grounded, yet sometimes slow-moving*

12. Finally, what are your hopes, fears, and goals for this therapy?