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Life History Questionnaire

I have put together a series of questions in order to get a more complete picture of your life history for my records. In psychotherapy, records are necessary, since they permit a more thorough understanding of you and your life. THIS QUESTIONNAIRE IS KEPT COMPLETELY CONFIDENTIAL. You are not required to answer all of the questions; if you prefer not to answer any of the questions, just leave them blank.

General Information

Name: _____ Date: _____

Address: _____

Telephone Number: (days) _____ (evenings) _____

Email: _____

How would you like me to contact you? _____

D.O.B.: _____ Preferred Pronouns: _____

Marital Status (circle one): Single Engaged Married Separated Divorced Widowed

Do you have children (circle one)? Yes No If yes, give names and

Ages: _____

Occupation: _____

Description of Presenting Problems

Explain why you have sought psychotherapy:

Have you ever been in psychotherapy before? If yes, when, why, and with whom:

Have you ever attempted suicide? If yes, when and by what means?

Do you ever think about killing or hurting yourself? _____

Do you have a current family physician or psychiatrist? Yes No

If yes, please give name and phone number: _____

Medical History

Do you have any significant medical problems or concerns about your health? Please specify:

List any medications you are currently taking or have taken within the past six months:

What non-prescription drugs/supplements do you use? _____

What recreational drugs do you use, if any? (Now and in the past) _____

How much alcohol do you drink? _____

How much caffeine do you drink? _____

Have you ever had any food addictions- bulimia, anorexia? _____ If yes, describe:

Describe a typical day of eating for you now _____

Describe your exercise routine: (times per week, duration, kind of exercise): _____

What do you do to relax/ relieve stress? _____

Do you have a satisfactory sex life? _____

How do you feel about sex? _____

What is your sexual orientation? (Lesbian/Gay Bisexual Heterosexual Unsure)

Trauma History

Please name traumatic experiences in your life (ex: physical, emotional, and/or sexual abuse or assault; oppression, full-anesthesia surgeries; vehicular accidents; natural disasters; discrimination):

Describe how these experiences have impacted you—both in the past and in the present: _____

List the resources you utilize in your life:

- Inner resources (ex: breathing, meditation, positive self-talk): _____
- Outer resources (ex: nature, close friends, family): _____
- Spiritual / religious resources: _____

Personal and Social History

Number of brothers- including step and half-brothers . List names and ages: _____

Number of sisters- including step and half-sisters. List names and ages: _____

Have any siblings died? _____ Age(s) at death: _____

Father: Living? _____ If alive, give father's present age: _____

Deceased? _____ If deceased, give his age at time of death: _____

How old were you at that time? _____ Cause of death: _____

Occupation: _____ Health: _____

Describe you relationship with him, both in the past and the present: _____

Mother: Living? _____ If alive, give mother's present age: _____

Deceased? _____ If deceased, give her age at time of death: _____

How old were you at the time? _____ Cause of death: _____

Occupation: _____ Health: _____

Describe your relationship with her, both in the past and the present: _____

Are your parents divorced? If so, when? Describe the effects their break up had on you:

Any history of depression/emotional problems or substance abuse in your family?

Has any relative attempted or committed suicide? _____

Has any relative had any problems with the law? _____

Did you ever experience abuse of any kind as a child? _____

Religion/Spiritual Path: As a child: _____ As an adult: _____

What kind of a role does religion/ spirituality play in your life? _____

Education: What is the last grade/ highest degree completed? _____

Work: Does your work satisfy you? _____ If not, please explain

How long have you been at your current job? _____

Previous job history? _____

What are your current ambitions? _____

What are some special skills, talents or interests you feel proud of? _____

Who do you live with now? For how long? Describe your current home environment:

Current Relationships: Do you make friends easily? Keep them? _____

Are you in an intimate relationship? For how long? _____

What were previous intimate relationships like? How did they end?

Therapy

What do you think therapy is about? _____

What qualities do you think an ideal therapist should possess? _____

What do you perceive your role as client to be? _____

What else would you like to share that has not been covered? _____
