

CONFIDENTIAL

Royanne Ukestad, LMFT
Licensed Marriage Family Therapist, MFC 15695
18181 Butterfield Boulevard, Suite 105, Morgan Hill, CA 95037
408-776-1009

BIOGRAPHICAL INFORMATION

DATE: _____

Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Office Policy form. If you do not desire to answer any question merely write "Do not care to answer". Please print or write clearly.

NAME: _____ M/F: AGE _____ BIRTH PLACE: _____

HIGHEST GRADE/DEGREE: _____ DEGREE TYPE: _____

PAST & PRESENT MARRIAGE/S (years, names & statement on the nature of the relationship, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

PRESENT SPOUSE (if married): _____ EDUCATION: _____ OCCUPATION: _____

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement on the relationship):

Father: _____

Mother: _____

Steparents: _____

SIBLINGS (Name/age if dead: age and cause of death & brief statement on the relationship):

- 1. _____
- 1. _____
- 1. _____
- 1. _____
- 1. _____
- 1. _____

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MEDICAL DOCTOR/S: _____ Phone: _____

PAST/ PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness.):

Specify all MEDICATION you are presently taking and for what:

PAST/ PRESENT DRUG/ALCOHOL/ABUSE (AA, NA, treatments): _____

SUICIDE ATTEMPT/S (describe your age, reason, how, etc.): _____

FAMILY MEDICAL HISTORY (Describe any illness that ran in the family: cancer, epilepsy, etc.

PAST PRESENT PSYCHOTHERAPY (specify: month year/s (beginning/end), estimated number of sessions, name of therapist, phone and address, initial reason for therapy, medication, brief description of the of relationship and how helpful it was, and how/why it ended):

DESCRIBE YOUR CHILDHOOD IN GENERAL (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

IF YOUR PARENTS DIVORCED: Your age at the time: _____, (Describe how it affected you at the time):

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalization in a institution, abuse, etc.): _____

Add here any other information that you would like me to know. Use the space below if you need to give further information.

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