☐ New

☐ Patient

☐ Questionnaire

Thank you for choosing Benson Psychological Services, PC. We are honored you have trusted us with your therapy needs. Please take the time to fill out this form prior to your first appointment. This will allow us to learn more about you and why you have chosen to seek help at this time. Please be as specific as you can.

Today's Date:

Name _____
Last First Middle Initial

Age _____ **Sex** _____ **Date of Birth** _____ **Race**_____

Address _____

City _____ **State** _____ **Zip Code** _____

Cell Phone _____ **May we leave a Message?**_____

Work Phone _____ **May we leave a Message?** _____

Home Phone _____ **May we leave a Message?** _____

Email Address _____ **Can we send you email?** _____

Preferred way to be contacted regarding appointments _____

Benson
psychological services

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Who referred you to BPS, PC?

____ A. Webpage
____ B. Family Doctor
____ C. A member of your family
____ D. Friend
____ E. Advertisement
____ F. A Judge or attorney
____ G. Phonebook
____ H. Other (please explain) _____

EMERGENCY CONTACT:

Name _____

Phone _____

Address _____

Relationship _____

INSURANCE PROVIDER:

Insurance carrier _____

Insurance Identification number _____

What is your employment status?

____ A. Employed ____ D. Employed part-time ____ G. Unemployed

____ B. Retired ____ E. Disabled ____ H. Other _____

____ C. Homemaker ____ F. Student

General Information:

FAMILY / SOCIAL HISTORY:

What is your current marital status?

____ A. Never married ____ C. Married

____B. Never married, but living with a partner ____ D. Divorced

What is your spouse or partner's name?_____

Where were you born? _____

Number of older brothers _____ Number of younger brothers _____

Number of older sisters _____ Number of younger sisters _____

Number of step or half sibling's _____

To your knowledge what were the conditions of your birth? (ex. Premature, normal, complications)

To your knowledge, when did you learn to walk and talk? (on time, early, late)

Please **circle** any of the following that apply to your childhood or adolescence:

Unhappy childhood	Family Problems	School Problems
Emotional / Behavioral Problems	Alcohol Abuse	Drug Abuse
Medical Problems	Legal Problems	Physical Abuse
Sexual Abuse	Emotional Abuse	Other_____

Please **circle** those words that best describe the atmosphere in your home as a child:

Calm	Chaotic	Quiet	Noisy	Scary	Happy	Loving
Sad	Abusive	Nurturing	Rigid	Flexible	Private	Supportive
Public	Denying	Accepting	Lonely	Isolated	Helpful	

Please **circle** words below that best describe your parents or caretaker's personality and attitudes towards you in the past and present:

Mother or _____

Stern	Forgiving	Caring	Detached	Angry	Understanding
Attentive	Demanding	Loving	Cool	Withdrawn	Weak
Impatient	Patient	Gentle	Other		

Father or _____

Stern	Forgiving	Caring	Detached	Angry	Understanding
Attentive	Demanding	Loving	Cool	Withdrawn	Weak
Impatient	Patient	Gentle	Other		

How did your parents discipline you?

Did either parent ever hit you or use physical punishment? _____

Did your parents divorce? Yes No. If yes, how old were you? _____

If yes, whom did you live with after the divorce? _____

Did you have contact with both parents after the divorce? _____

If stepparents helped in raising you, how did you get along with the stepparents? _____

Do you remember incidences of seeing or hearing you parents fight? _____

As a juvenile, were you ever in residential treatment center or similar facility? _____

How would you describe the quality of relationships in your own family now?(spouse or partner and children)

____ A. Does not apply

____ B. Good

____ C. Fair

____ D. Poor

____ F. Other _____

How long have you lived with your current spouse or partner? _____

How many times have you been married? _____

How many children do you have? _____

How many children currently live with you? _____

Of the children living with you, how many are stepchildren? _____

How would you describe your relationship with your spouse or partner?

____ A. Does not apply ____ C. Fair ____ E. Other

____ B. Good ____ D. Poor

How often do you and your spouse or partner have arguments?

____ A. Does not apply ____ C. Everyday ____ E. About once a week

____ B. Rarely ____ D. Several times a week ____ F. Once a month or less

Which of the following do you and your spouse or partner have arguments about? (Check all that apply)

____ A. Does not apply ____ E. Disciplining the children ____ I. Issues related to work ____ M. Religious issues

____ B. None ____ F. Sex ____ J. Manners ____ N. Other

____ C. Money issues ____ G. Relationships with relatives ____ K. Alcohol use

____ D. Household chores ____H. Relationships with friends ____ L. Drug use

Which of the following have been problems for you in the last 6 months

Being criticized by others	Having thoughts of suicide	Having recurring health problems	Being disliked by coworkers	Not getting along with others
Feeling uncomfortable in social settings	Being physically hurt or abused	Using drugs or alcohol	Children misbehaving	Parenting Issues
Being shy	Having trouble concentrating	Facing criminal charges	Being afraid of hurting self	Feeling depressed or sad
Not having close friends	Not having a steady income	Being troubled by unusual sexual behavior	Not being able to stop worrying	Sexual Addiction
Feeling lonely	Being tired and having no energy	Having problems with sexual relationship	Friend or family member attempting suicide	Feeling Anxious or Uptight
Feeling inferior	Being afraid of things	Not having any enjoyment in life	Friend or family member dying	Acculturation
OCD	Low Self-Esteem	Sexual Problems	Sexual Misconduct	Compulsive Shopping

SELF IMAGE:

Please **circle** the following words you would use to describe yourself.

Intelligent	Confident	Worthwhile	Ambitious	Sensitive	Loyal
Trustworthy	Regretful	Worthless	A Nobody	Useless	Evil
Crazy	Deviant	Unattractive	Considerate	Unlovable	Inadequate
Confused	Naïve	Ugly	Stupid	Honest	Incompetent
Attractive	Persevering	Conflicted	Hard Working	Suicidal	Humorous
Indecisive	Forgetful				

EDUCATION HISTORY

Where did you attend elementary/high school?_____

What is the highest grade you completed? _____

Did you complete any post- high school education? _____

What was your overall school experience like? _____

VOCATIONAL HISTORY

What is your occupation? _____

What is the name of your employer? _____

How long have you been working your current job? _____

Since finishing your education, what is the longest period of time you have been unemployed when you were looking for a job?

____ A. Does not apply

____ B. Less than 3 months

C. 4-6 months

____ D. 7 months to 1 year

____ F. More than 1 year

Since finishing your education, how many different full-time jobs have you had? _____

MILITARY HISTORY

Have you ever served in the military? _____

How long did you serve, or have you served in the military? _____

Have you served in the military during a time of war or conflict? _____

Has your service in the military included being stationed outside of the United States? _____

Were you, or have you been injured during your time of service? _____

Were you, or have you been, evaluated or treated for emotional or psychological problems while in the service. _____

What was your rank on discharge of the military? (or current rank if still in service) _____

Do you have a service connected disability rating? If so what is it? _____

RELIGION

What faith do you consider yourself to be? _____

Is your faith important to integrate into your counseling? _____

PSYCHIATRIC HISTORY

Have you ever been in counseling before? _____

Where? _____ When? _____ With Whom?_____

For how long? _____

Have you ever been prescribed medication for psychological issues? _____

Have you ever been hospitalized for psychological problems? Yes No

If yes, when and for what? _____

Have you ever attempted suicide? Yes No If yes, how and when? _____

Does any member of your family suffer from a psychological problem? Yes No

Has any relative or friend attempted or completed suicide? Yes No

LEGAL HISTORY

Please detail any legal history you think is important to share.

CHEMICAL HISTORY:

Which of the following do you or have you used on a regular basis?

____ Pot	____ LSD	____ Alcohol	____ PCP
____ Cocaine	____ Tobacco	____ Crank	_____ Heroin
____ Methamphetamine		_____ Prescribed Pills	_____ Other _____

Do you feel your alcohol or drug use is a problem? Y OR N

MEDICAL HISTORY:

Who is your primary care provider? _____

Please list any medical problems.

Do you have any drug or latex allergies? If so, what?_____

Please list any past surgeries, traumas or chronic illnesses.

Do you currently have any physical problems that are not being treated by a medical doctor, but should be? If so, please explain.

LOSSES: Please list any significant losses over the course of your life.

SUPPORT: Please list people who are emotionally supportive of you.

DESCRIPTION OF THE CURRENT PROBLEMS:

What is the main problem that led to your seeking therapy at this time?

In your own opinion how severe is this problem? Mild Moderate Severe

How long has this been a problem in your life? Less than 6 months 6 months-1 year 1 year or more

What has this problem affected in your life?

Have you been treated for this problem before? Yes No

What was most helpful about previous counseling?

What are your main therapy goals?

How would you like your life to be different after therapy?

What type of therapist do you think you would work best with? What characteristics are important to you in a therapist?

What is important for your therapist to know about you?

Is there anything else that we have not asked that you feel is important for your therapist to know in order to provide you the best possible care?