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Personal History
(Confidential Information)

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Social Security Number: _____

Referring Agency or Person: _____

Home Phone Number: _____ Best Time to Call: _____

Cell Phone Number: _____ Best Time to Call: _____

Business Phone Number: _____ Best Time to Call: _____

1. Health Information

What is your present state of health? _____

Any weight changes lately? _____

How much do you smoke? _____

How much alcohol do you drink? _____ How often? _____

Please list past or present illnesses/injuries and dates: _____

When did you have your last medical checkup? _____

Physician's name and phone number: _____

Do you have any physical limitations? Describe: _____

Have you ever been treated for emotional or stress related problems? _____

If yes, when: _____ By whom: _____

Address: _____

Describe: _____

Was counseling helpful? Explain: _____

Have you thought of killing yourself? _____ Of killing someone else? _____

Are you now or have you ever been physically abused or sexually molested? _____

If yes, approximate age or date: _____

Please list your current prescription and non-prescription medications: _____

2. **Family**

Father: _____ Occupation: _____ Age if living: _____

Mother: _____ Occupation: _____ Age if living: _____

Parents' marital status: _____ How long have your parents been married? _____

What were your parents like as people? _____

How do you get along with your parents? _____

Brothers and Sisters:

First Name	Age	Occupation	Married?	Children?	Place of Residence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How do you get along with your siblings? _____

3. **Marriage**

Spouse's name: _____ Age: _____ Occupation: _____

Is this your first marriage? _____ How did your previous marriage end? _____

Specific complaints of current marriage. First circle, then describe:

- 1. Lack of communication
- 2. Constant arguments
- 3. Unfulfilled emotional needs
- 4. Sexual dissatisfaction
- 5. Financial disagreement
- 6. In-law troubles
- 7. Infidelity
- 8. Domineering spouse
- 9. Suspicious spouse

Describe: _____

Your children:

First Name	Age	Occupation	Married?	Children?	Place of Residence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. **Education**

Highest level of education: _____ Date: _____

Other schooling or training? Explain (including dates): _____

5. **Military Services**

Branch of Military: _____ Highest rank obtained: _____

Dates of service: _____ Duties: _____

6. **Employment**- full time and part time jobs held (most recent first)

	Employer	Date	Duties	Reason for leaving
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Rate relationship with supervisors:

Very poor 1 2 3 4 5 Excellent

Rate relationship with co-workers:

Very poor 1 2 3 4 5 Excellent

7. **Lifestyle**

Describe the kind of person you are: _____

Describe your participation in social and civic events: _____

Describe your leisure time activities: _____

Do you attend church? _____ How often? _____

What is your religion? _____

How has religion influenced your life? _____

8. **Legal History**

Have you ever been arrested? If so, describe each arrest and what happened because of it: _____

Have you ever been told you have or have been treated for a drug problem? Describe how this problem was dealt with and/or how it is presently affecting you r life. _____

Signature: _____ Date: _____