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Date _____

ADULT BACKGROUND FORM

THE INFORMATION YOU GIVE IS FOR PROFESSIONAL USE ONLY.

Full Name _____ Birth Date _____ Age _____

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Education _____ Occupation _____

Employer _____ Business Phone _____

Married _____ Single _____ Widowed _____ Divorced _____ Separated _____

Name of Spouse _____ Birth Date _____ Age _____

Education _____ Occupation _____

HEALTH INSURANCE

Health Insurance Company _____

Claim Filing Address _____

Phone # _____ Policy # _____ Group # _____

Policy Holder's Name _____ Address _____

Social Security # _____ Date of Birth _____

Employer _____ Relationship to Patient _____

Has Authorization Been Obtained? Yes _____ No _____ Not Applicable _____

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ADULT BACKGROUND FORM

The purpose of this form is to obtain a comprehensive picture of your background. Completing these questions fully and accurately will be of help to you and to us. All data shared with us, written or verbal, is confidential. It will not be available to anyone else unless you have a signed release form specifically authorizing its release.

Full Name _____ S.S. # _____

Birthdate _____ Age _____

Home Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Education _____

Employer _____ Occupation _____

Business Address _____

City _____ State _____ Business Phone _____

Married _____ Single _____ Widowed _____ Divorced _____ Separated _____

Name of Spouse _____

Spouse's Birthdate _____ Spouse's Age _____

Spouse's Education _____

Spouse's Business Address _____

City _____ State _____ Business Phone _____

Health Care Insurance _____

Address for submitting claims _____

Provider's I.D. or S.S. # _____ Group # _____

Referred by _____

List those living in the home:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Has any family member (including grandparents) had a problem with learning, behavior, emotions, illness, or required hospitalization for psychiatric care? Yes _____ No _____

If yes, explain _____

In your own words, what problems or difficulties bring you here? _____

When are those problems worse? _____

When are they better? _____

What do you hope to get out of psychotherapy? Be specific. _____

Have you tried to get help before? _____

What kind? _____

When? _____ From whom? _____

How frequently? _____ Did it help? _____

How? _____

Reason for termination? _____

When did these problems first begin? _____

Have you tried to work on this on your own? _____

What important things have happened to you or your family in the last six months? _____

Have you noticed any changes in your behavior and moods or those of other members of your

family? _____ If so, please describe: _____

MEDICAL HISTORY

What is the name and address of the physician you usually see? _____

Date of your last complete physical: _____

Have you experienced any physical or medical problems recently? _____

If so, please describe: _____

Have you ever been hospitalized? _____ If so, please state when and for what reason: _____

Have you ever had any serious illness? _____ If so, please describe: _____

Have you ever had any accidents? _____ If so, describe: _____

What is your current tobacco consumption? _____

Alcohol consumption? _____ Have you ever used alcohol or drugs in excess? _____ If so, describe: _____

How many hours of sleep do you usually get per night? _____

Do you have trouble sleeping? _____ If so, describe: _____

Are you presently taking any medications? _____ If so, describe: _____

Are these medications prescribed? _____ By whom? _____

What other drugs (including marijuana) are you using now or have you used in the past? _____

Height: _____ Weight: _____ Is this your normal weight? _____

Are you eating normally? _____

FAMILY OF ORIGIN

How old is your father? _____ Your mother? _____ If either is no longer living, when and at what age did they die? _____

How old were you? _____ Cause of death? _____

What is your father's education level? _____ Occupation? _____

What is your mother's education level? _____ Occupation? _____

Are your parents separated? _____ Divorced? _____ Remarried? _____ If so, when? _____

How old were you? _____ How do they get along now? _____

Where do they live? _____ How often do you see them? _____

What was your family's religious affiliation? _____

Were they active? _____ Was religion a significant part of your upbringing? _____

Describe your father and his attitude toward you (past and present): _____

Describe your mother and her attitude toward you (past and present): _____

Describe your relationship with your brothers and sisters (past and present): _____

Please list your brothers and sisters below:

Name Age Education Occupation Health Marital Status

Describe your home life growing up (including the relationship between your parents and between them and the children): _____

Describe any traumatic or hurtful events that took place while you were growing up: _____

Were you ever sexually approached/molested as a child or adolescent? _____ If so, please describe: _____

DATING RELATIONSHIPS/MARRIAGE

How old were you when you began dating? _____

How often did you date as a teenager? _____

What problems have you had with persons you dated? _____

How serious are these problems? _____

How did you learn about sex between people, and from whom? _____

Could you talk freely about sex with your parents/other adults? _____

Is your sexual orientation: Hetrosexual _____ Homosexual _____ Bisexual _____ Asexual _____

How often do you have sex now? _____ Do you have a regular partner? _____

Is your present sex life satisfactory? _____ Please explain: _____

Method of birth control? _____

Have you ever engaged in any sexual behavior which may have been damaging to yourself or others? _____

Who are the most important people in your life now? _____

Have you ever been: Married? _____ Separated? _____ Divorced? _____ Widowed? _____

What is your present marital status? _____ How many times have you been married? _____ For how long? _____ If separated, how and why did you separate? _____

If not married, are you living with a significant other? _____

List any long-term significant romantic relationships: _____

Note: Complete the following section only if you are presently involved in a committed relationship.

If not, skip to the section headed "CHILDREN".

How long have you been with your present partner? _____

How long did you know each other before you were married/coupled? _____

How old is your partner? _____ What is his/her: Occupation _____

Education _____ Religion _____ Income _____

Does your partner have any physical problems? _____ If so, please describe: _____

In your own words, what kind of person is your partner? _____

How would she/he describe you? _____

Do you think that your relationship needs improvement? _____ If so, describe why and in what way: _____

Are you physically and/or emotionally abused in this relationship? _____

What do you most enjoy about your relationship? _____

Least? _____

Who handles the money? _____ Are there ever any difficulties about this arrangement? _____ If so, please describe: _____

CHILDREN

Please list your children:

Name	Sex	Birthdate	School and Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where do your children live? _____

Are you involved in parenting any other children? _____ If so, please explain: _____

Do any of the children with whom you are involved have any problems which are of concern to you? _____ If so, please explain: _____

Who disciplines the children and how? _____

Are there any disagreements between you and your partner or significant other about the children? _____ If so, please explain: _____

What is your present religious affiliation? _____

Do you attend church? _____ How often? _____ How do you feel about your religion? _____

Have you ever lost control of yourself? _____ If so, please explain: _____

Have you ever attempted suicide? _____ When? _____

Are you currently having any thoughts of suicide? _____

What is your approximate present income level?

Below \$10,000 _____
\$10,000 - \$30,000 _____
\$30,000 - \$50,000 _____

\$50,000 - \$75,000 _____
\$75,000 - \$100,000 _____
Above \$100,000 _____

OTHER COMMENTS

