

**DETAILED HISTORY QUESTIONNAIRE
(No Confidentiality)
(Step-parent / Significant Other / Domestic Partner)**

A. IDENTIFYING DATA:

Case Name and Number: _____

Name: _____

Age: _____ Date of Birth: _____

Place of Birth: _____

Current Religion: _____

Home Address: _____

List Occupants of Home: _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

B. EMPLOYMENT

Name of Employer: _____

Address of Employer: _____

Occupation: _____

How long employed: _____

Work hours: _____

C. FAMILY OF ORIGIN

1. Where were you born and raised?

2. How long were your parents married?

3. Father (describe his occupation & relationship to you):

4. Mother (describe her occupation & relationship to you):

5. Parents (describe their relationship with each other):

6. How did your parents discipline you?

7. Siblings (give name, age, and description of current relationship with your brothers/sisters):

D. PERSONAL INFORMATION

1. Education: _____

2. Military history: _____

3. Medical history: _____

4. Prescribed medication: _____

5. Hospitalization history: _____

6. Psychiatric treatment: _____

7. Psychotherapy: _____

8. Alcohol abuse: _____

9. Drug abuse: _____

10. Criminal history (all arrests and convictions, including DUI arrests and convictions): _____

11. List all marriages and children:

Name	Date of Marriage	Date of Divorce	# of Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____