

**John R. Lucy, Ph.D.**

**PERSONAL HISTORY FORM**

Name \_\_\_\_\_ Gender: M F T  
(Last) (First) (Middle/Maiden)  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone (home) \_\_\_\_\_ OK to call? Yes No OK to leave message? Yes No  
Phone (work) \_\_\_\_\_ OK to call? Yes No OK to leave message? Yes No  
Phone (mobile) \_\_\_\_\_ OK to call? Yes No OK to leave message? Yes No  
E-mail Address: \_\_\_\_\_ OK to use? Yes No

Address \_\_\_\_\_  
\_\_\_\_\_

**Note: Some individuals share voicemail or email with others and would prefer not to have messages left.**

Highest Educational Level or Degree Attained \_\_\_\_\_

Occupation and Place of Employment/School \_\_\_\_\_

Referred by: \_\_\_\_\_

May I have your permission to thank this person for the referral? \_\_\_\_\_ Yes \_\_\_\_\_ No

(no additional information will be shared with this individual)

Person to contact in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (mobile) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

With whom do you live: (check all that apply)

\_\_\_\_ Alone \_\_\_\_ Partner/Spouse \_\_\_\_ Roommate(s) \_\_\_\_ Parent(s) \_\_\_\_ Child(ren)

\_\_\_\_ Sibling(s) \_\_\_\_ Friend \_\_\_\_ Others \_\_\_\_\_

Relationship status: (check one)

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Engaged \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

\_\_\_\_ Remarried (number of times \_\_\_\_\_)

Partner/Spouse's Occupation \_\_\_\_\_ Partner/Spouse's Age \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages and Sex \_\_\_\_\_

Number of Step-Children \_\_\_\_\_ Ages and Sex \_\_\_\_\_

**FAMILY HISTORY**

Please check all those with whom you lived while growing up:

\_\_\_\_ both biological parents \_\_\_\_ adoptive parents

\_\_\_\_ mother & stepfather \_\_\_\_ single parent (which?) \_\_\_\_\_

\_\_\_\_ father & stepmother \_\_\_\_ other relatives (which?) \_\_\_\_\_

\_\_\_\_ other (describe) \_\_\_\_\_

Mother: Name \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

If deceased, how old was she? \_\_\_\_\_ How old were you? \_\_\_\_\_

Father: Name \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

If deceased, how old was he? \_\_\_\_\_ How old were you? \_\_\_\_\_

List age and sex of sisters and brothers: \_\_\_\_\_

**HEALTH HISTORY**

Previous psychotherapy, counseling, assessment, or hospitalizations:

Dates: \_\_\_\_\_

Provider (s): \_\_\_\_\_

Location (s): \_\_\_\_\_

Primary issue(s): \_\_\_\_\_

Medications: \_\_\_\_\_

Have you had a history of heavy alcohol or drug use? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Current Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

Nature and date(s) of previous significant medical problems:

\_\_\_\_\_

Name and Address of Physician \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_ Yes \_\_\_\_ No If so, at what age(s) \_\_\_\_\_

Do you feel suicidal at this time? \_\_\_\_ Yes \_\_\_\_ No

Have any of your relatives or loved ones attempted or committed suicide? \_\_\_\_ Yes \_\_\_\_ No

If yes, when & relation to you \_\_\_\_\_

Has anyone in your family been treated for a psychiatric disorder? \_\_\_\_ Yes \_\_\_\_ No

If yes, relation to you and type of treatment received: \_\_\_\_\_

\_\_\_\_\_

Has anyone in your family had a history of heavy alcohol or drug use? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**MILITARY HISTORY**

List military experience (include dates of service and type of discharge): \_\_\_\_\_

\_\_\_\_\_

**CLINICAL INFORMATION**

Briefly state why you are seeking psychotherapy at this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been troubled by these issues? \_\_\_\_\_

How long do you expect therapy to last? \_\_\_\_\_

Do you consider the severity of your problem(s) to be:

\_\_\_\_ Mild \_\_\_\_ Moderate \_\_\_\_ Severe \_\_\_\_ Extreme \_\_\_\_ Incapacitating