

Jodie Arceo, LCSW
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Biographical Questionnaire

General:

Name _____ Date _____

Address _____ City/Zip _____

Home phone _____ Work phone _____

E-mail _____ Referred by _____

Age _____ Date of birth _____

Marital status _____ Educational level _____

Occupation _____

Emergency contact information _____

Explanation of how patient may be contacted by therapist _____

Areas of Concern

What issues/concerns causes you to seek treatment? Please describe. _____

Do you have any specific goals with regard to your treatment? _____

Do you have any particular concerns/fears with regard to treatment? _____

Psychological History:

Have you ever received mental health treatment before? _____

When and for what and how long? _____

Name of treating therapist(s), address(es), telephone number(s) _____

Have you ever been hospitalized for mental or emotional problems? _____

When and for how long? _____

Are you currently taking medications, if so, what do you take? _____

History of self injury, suicide attempts or violence to others? _____

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Are you currently having any suicidal thoughts? Please describe _____

Please describe your childhood. _____

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe.

Have you ever been a victim of a violent crime? Please describe _____

Medical History

Please describe your overall health today. _____

Are you experiencing any medical/physical symptoms you attribute to a mental, emotional, or stress-related condition? Please describe. _____

Do you smoke? _____ How much? _____ For how long? _____

Do you drink alcohol? _____

On average, how much alcohol do you consume in a week? _____

Please describe your past or current drug use: _____

Have you ever used illegal drugs? Please describe. _____

Family of Origin History

Mother's name, age, living/deceased, patient's age at the time of mother's death, description of relationship with mother. _____

Father's name, age, living/deceased, patient's age at the time of father's death, description of relationship

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with father. _____

Names and ages of siblings and quality of relationships. _____

Any family history of mental health concerns (examples: depression, anxiety, schizophrenia, bipolar, etc)

Other Information

Please describe your spiritual identity/orientation. _____

Please describe your interests/hobbies _____

Are you now or have you ever been involved in a lawsuit? _____

Please describe. _____

Please feel free to include any other information that you believe is relevant to your mental health treatment, not previously requested. _____
