

# SUSAN E. SCHWARTZ

Ph.D. L.P.

## Personal biographical information intake form

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy Form. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH/PLACE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: H: \_\_\_\_\_ Cell: \_\_\_\_\_ W/Off: \_\_\_\_\_

FOR ROUTINE MESSAGES: Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

FOR CONFIDENTIAL/PRIVATE MESSAGES:

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_ TYPE OF DEGREE: \_\_\_\_\_

PERSON & PHONE NO. TO CALL IN EMERGENCY:

\_\_\_\_\_

REFERRAL SOURCE:

OCCUPATION (former. if retired):

\_\_\_\_\_

**Susan E. Schwartz, Ph.D. L.P. Jungian Analytical Psychology**

3625 E. Denton Lane Paradise Valley, Arizona, USA 85253

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Please describe why you are seeking help at this time (be as specific as you can: when did it start, how does it affect you...): \_\_\_\_\_

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## Family information

CURRENT: Marital status: \_\_\_\_\_ Live with someone: \_\_\_\_\_

Name: \_\_\_\_\_ Years: \_\_\_\_\_

PAST & PRESENT MARRIAGE/S (years together, statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile.) If divorced, reasons for divorce:

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PRESENT SPOUSE/PARTNER: \_\_\_\_\_

## Physical health

HOW DO YOU RATE YOUR OVERALL PHYSICAL HEALTH?

Excellent \_\_\_\_\_ Great \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

DO YOU HAVE ANY SLEEP PROBLEMS? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please describe:

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If you have/had medical problems, surgeries, accidents, falls, illness, please describe:

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MEDICAL DOCTOR/S (name /phone): \_\_\_\_\_

PAST/PRESENT MEDICAL CARE (major SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

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## Emotional health

HAVE YOU HAD ANY PROBLEM WITH ISSUES OF DEPRESSION, ANXIETY, ADD/ADHD OR ANY OTHER MENTAL OR EMOTIONAL DISORDER? If so, please describe:

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PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

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HAVE YOU EVER SEEN A THERAPIST FOR EMOTIONAL PROBLEMS?

Please describe times, durations, outcomes:

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HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHIATRIC REASONS?

If yes, please give information (dates, reasons, outcomes)

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ARE YOU CURRENTLY EXPERIENCING SUICIDAL THOUGHTS?

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HAVE YOU EVER TRIED TO COMMIT SUICIDE? If yes, please give details

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## Family mental history

HAS ANY FAMILY MEMBER BEEN HOSPITALIZED FOR MENTAL HEALTH CONCERNS?

Please give details

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DOES YOUR FAMILY HAVE A HISTORY OF SUBSTANCE ABUSE? Please explain

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HAS ANYBODY IN YOUR FAMILY ATTEMPTED OR COMMITTED SUICIDE? Please explain

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## Legal history

ARE YOU CURRENTLY OR HAVE YOU IN THE PAST BEEN INVOLVED IN ANY CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (If you answer Yes, please explain):

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PLEASE CHECK ANY OF THE FOLLOWING SYMPTOMS THAT YOU HAVE:

Chronic sadness\_\_\_ Crying episodes\_\_\_ Hopelessness \_\_\_ Loss of appetite\_\_\_  
Difficulty concentrating\_\_\_ Overeating\_\_\_ Difficulty making decisions\_\_\_  
Low energy/fatigue\_\_\_ Agitation\_\_\_ Restlessness\_\_\_ Irritability\_\_\_ Excessive worry\_\_\_ Fearfulness\_\_\_  
Trembling/shaking\_\_\_ Excessive fears\_\_\_ Intrusive thoughts\_\_\_ Flashbacks\_\_\_ Hearing voices\_\_\_  
Seeing things others don't see\_\_\_ Ideas that others are talking about you/want to cause you harm\_\_\_  
Difficulty completing tasks\_\_\_ Disorganized\_\_\_ Difficulty focusing\_\_\_ Tendency to act impulsively\_\_\_  
Problems with relationships\_\_\_ Overwhelmed\_\_\_ Racing thoughts\_\_\_ Insomnia\_\_\_ Hypersomnia\_\_\_  
Problems with memory\_\_\_ Isolation\_\_\_ Lack of enjoyment/pleasure\_\_\_ Lack of interest in sex\_\_\_  
Difficulty functioning in relationships and at work\_\_\_ Palpitations\_\_\_ Shortness of breath\_\_\_ Panic\_\_\_  
Nightmares\_\_\_ Relational conflicts\_\_\_ Domestic violence\_\_\_

Thank you.

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