

Dr. Mandy Menzer
Licensed Psychologist

8700 Menchaca
Ste. 402
Austin, TX 78748

(512) 696-1970
mandy@drmenzer.com
www.drmenzer.com

Personal History Form for Family Therapy

Name _____ Date of birth _____

What pronouns do you prefer? _____

Please provide a brief description of your primary relationship concerns:

How long have you been concerned about this?

Have you ever sought couples counseling before? What was the source of your concern? How long did it last and why did it end?

What are your partner's strengths?

Do you have any children? How many? What is your relationship like with them?

Who is available for emotional support in your life right now? Who has been available in the past?

What were some of the best times of your life?

What were some of the worst times of your life?

What makes you feel anxious/tense/worried?

What helps you to feel calm/relaxed/secure?

How often do you typically use alcohol? How many drinks do you typically have?

Do you use any illegal substances? If so, how often?

Have you ever attempted to harm yourself or made a suicide attempt? If so, please describe.

Are you currently feeling suicidal or having thoughts of death?

Are you currently concerned about your physical safety? (i.e. concerned that you or someone else may harm you)

Have you ever experienced:

Physical abuse

Sexual abuse

Emotional/verbal abuse

Is there any other important information that you feel should be included?