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Personal History Form for Therapy

Name _____ Date _____

What pronouns do you prefer? _____

Please provide a brief description of your primary concerns:

How long have you been concerned about this?

Have you ever sought psychological treatment before? How long did it last and why did it end?

Has anyone in your family suffered from a psychiatric disorder such as depression, schizophrenia, anxiety etc.? Has anyone in your family had a substance abuse problem? Please describe.

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

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

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

What role does spirituality or faith play in your life?

How would you describe your racial or ethnic background? What role this play in your life?

How would you describe your sexual identity (i.e. straight, gay, lesbian, bisexual, other) and/or gender identity (i.e. male, female, transgender, other)? What role do either of these play in your life?

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?

Please list any medical concerns/significant medical history as well as any medications you are currently taking.

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?