

**Neal E. Winblad, MFT**

*(License #: MFC 28183)*

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**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 desire to not answer any question, merely write, DNCA for "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 \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_ (fax) \_\_\_\_\_

For **routine** messages: Phone # \_\_\_\_\_ Email: \_\_\_\_\_

For **confidential** messages: Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Highest education: \_\_\_\_\_ Type of degree: \_\_\_\_\_

Person & phone # to call in emergency: \_\_\_\_\_

Referral source (who/what brought you here?): \_\_\_\_\_

Occupation (former if retired): \_\_\_\_\_

Presenting problem (be as specific as you can: when did it start, how does it affect you, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate the severity of above problem:  Mild  Moderate  Severe  Very Severe

Relationship status:

Single  Married  Divorced  Widowed  Live w/: Name: \_\_\_\_\_ Years: \_\_\_\_\_

Past & present marriage(s) (years together, names & statement about the nature of the relationship, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

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Present spouse/partner: Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children/step/grand (names/ages & brief statement on your relationship with the person)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Parents/step-parent (name, age or year of death, cause of death, occupation, personality, how did (s)he treat you, brief statement about the relationship):

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step-parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Siblings (name, age, if dead: age and cause of death & brief statement about the relationship):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Medical doctor (name/phone): \_\_\_\_\_

Past/present medical care (major medical problems, surgeries, accidents, falls, illness):

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Specify medication you are presently taking and for what. Please PRINT clearly:

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Past drug/alcohol use/abuse (AA, NA, CODA, inpatient/outpatient treatments):

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Present drug/alcohol use/abuse (AA, NA, CODA, inpatient/treatments):

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Are you presently feeling suicidal?  Yes  No  Maybe

Suicide attempt(s) or violent behavior (describe: age(s), reason(s), circumstances, how, etc.):

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Family medical history (describe any illnesses that run in the family: cancer, epilepsy, etc.):

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Friendships, community, & spirituality (describe quality, frequency, activities, etc.):

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Do you regularly engage in or practice:

Yoga  Meditation  Spiritual Program  Bodywork  Martial Arts  Exercise Program  Nutritional Supplements  Support Group  Special Diet \_\_\_\_\_

Past or present psychotherapy?  Yes  No

# of  months  year(s) \_\_\_\_\_ (beginning-to-end) & estimated # of sessions \_\_\_\_\_

Individual  Couples  Family  Group  Intensive Group Process/Seminar/Workshop

Name, degree, phone # of therapist, initial reason for therapy, brief description of the relationship and how helpful it was, and how/why it ended):

1. \_\_\_\_\_

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2. \_\_\_\_\_

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*Use other side of the page for more information about psychotherapists if necessary.*

Describe your childhood in general (relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

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If parents divorced: Your age at the time: \_\_\_\_\_. Describe how it affected you at the time:

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Family history of alcoholism, mental illness, or violence (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

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Are you involved in any current or pending civil or criminal litigation(s), lawsuit(s) or divorce or custody dispute(s)? (if yes, please explain):

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What gives you the most joy or pleasure in your life?

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What are your main worries and fears?

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What are your most important hopes & dreams?

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Please add on the other side of the page or on a separate page any other information you would like me to know about you and your situation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_