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Life History

Name:

Today's date:

INTRODUCTION

The word "psychotherapy" originates in two Greek words that mean "soul" (psyche) and "healing" (therapos). Our collaboration will focus attention on you and your need for healing. This document is designed to help you approach your life story in a structured way, through your own lenses.

The purpose of this document is twofold: the first for you to express in your own words your own understanding of your life, and second, to give me a comprehensive, though incomplete, impression of your background. By completing these questions as fully and accurately as you are able, you will be lead through various periods in your life. Your reflections and memories are important, and so are the feelings that may arise as you write about certain people, events, feelings and experiences.

This case record is strictly confidential. No outsider is permitted to have access to your record without your written permission. Although all of the following is of a personal nature, some issues may be so sensitive that you would rather discuss them with me during a session. If you are completing this on your own at home, please describe any emotional responses in the margins of each page. Remember to give yourself plenty of time to consider each period of your life. Some of the items are questions, others are "finish the sentence", still others a matter of selecting. This will help a great deal in realizing the goals of your therapy. Thank you.

GENERAL INFORMATION

Date Begun _____

Name _____

Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Age _____ Birthday _____

Occupation _____

Spouse/Significant Other Name _____

Social Security Number? _____

With whom are you now living? _____

Do you live in **(Circle one)** house hotel room condo apartment. **(Circle one)** Rent Own

1st Marriage _____ How long? _____

2nd Marriage _____ How long? _____

Long Term Relationship _____ How long? _____

Divorced _____ How Long? _____

Children: Names and Ages

Military Service? Branch _____ How long _____

Racial/Ethnic Background? _____

Do you (check all that apply) smoke _____ gamble _____ use caffeine _____
alcohol _____ drugs _____ medications _____ sugar _____

Traveling experience _____
 Chronic illness _____
 Attitude toward money _____

 Money problems presently _____

 Present religious and/or spiritual belief/affiliation _____

 Important goals in life _____

I. THE ISSUES AS I EXPERIENCE THEM NOW

1. Describe in your own words the problems, difficulties, and/or challenges which have brought you to psychotherapy? Include with each item, a very brief history of the issue from beginning to the present.

- a.
- b.
- c.
- d.

2. On the scale below please estimate the severity of the above concerns (Place the letters from above in the box with the appropriate description.)

Mildly	Upsetting	Moderately Severe	Very Severe	Extremely Severe	Incapacitating
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3. Describe any previous therapy experiences. Include name of therapist, type of therapy, dates and outcomes.

- a.
- b.
- c.

4. How did you come to choose me as your therapist?

II. BIRTH AND INFANCY

Memory is at times an illusive thing. Most people do not have "screen memories" of their earliest years. They rely on family/parental anecdotes, reports, or on photographs. Then, between the ages of three and five, most of us start to have our own impressions, memories and scenes inside our own brains. With this in mind, respond to the following items.

1. (Complete this sentence.) "At the time of writing this, the earliest memory of my life is..."

2. Report as much as you know about the circumstances of your birth. Include the following: birthdate, place, any unusual circumstances, your mother's condition during pregnancy, any "stories" you may know that surround your entrance into the world. Were you adopted? Did someone besides or in addition to, your biological parents take care of you?

MOTHER

3. Describe your mother (or primary female care taker) during your childhood years. Include her name, present age, her age at time of your birth, any occupations she held, whether she is living or deceased. If deceased, how old were you when she died? Describe what you recall about her relationship with you? Describe you feelings toward her when you were a child.

a. "The earliest memory of my mother is..."

b. "What I needed from my mom and got..."

c. "What I needed from my mom and didn't get..."

FATHER

4. Describe your father (or primary male care taker) during your childhood years. Include his name, present age, his age when you were born, any occupations he's held, whether he's living or deceased. If deceased, your age when he died. What was he like with you when you were growing up? Describe your feelings toward him then.

a. "The first memory of my father is..."

b. "What I needed from my dad and got..."

c. "What I needed from my dad and didn't get..."

5. List your brothers and sisters, their ages now, where they live as of this writing.

6. How did you get along with your sibling(s) when you were a child?

7. Describe your present relationships with siblings.

8. Describe in general what life was like when you were a child growing up in your family.

a. "I was praised and affirmed early in my life by..."

b. "I was used and abused in the following ways..."

c. "I was neglected and abandoned in the following ways..."

9. Describe the way your parents communicated when you were growing up. Give an impression of the atmosphere between them in your home as you developed.

a. "When I was young, I could confide in..."

b. "As a little person, I needed the most..."

10. Describe any family member who suffered from alcoholism, drug addiction, other addictions, epilepsy or anything which can be considered a "mental or emotional illness or disorder". Report any treatment for such conditions.

III. CHILDHOOD

1. "What I recall most clearly about my childhood home environment is..."

2. Describe your health as a child. List illnesses, chronic or otherwise. Describe how you were taken care of when you were ill.

3. "When I was little, my favorite story, fairy tale, movie, cartoon, or myth was..."

4. "When I was a child I liked to play..."

5. Grade school. Include any memorable teachers, any physical, sexual, emotional or mental trauma you may have experienced as a child, your favorite subjects, what your grades were like, what you hated, who you played with, etc. Did you suffer from any learning disorders?

6. What is the spiritual or religious background of your parents or guardians? Describe what kind of religious or spiritual atmosphere surrounded your development. How were you influenced morally?

a. "When I was little, God was..."

b. "When I was little, I feared most..."

7. What was the attitude toward sexuality portrayed by your parents? Did they talk about sexuality with you? Tell about the messages you got in your home about your body and your sexuality.

8. When you were a child, did any of the following apply to you? Describe applicable conditions and indicate your age at the time.

Night terrors	
Bed-wetting	
Sleepwalking	
Thumb-sucking	
Nail biting	
Stammering	
Fears, Anxieties	
Unhappiness	
Panic	
Nightmares	

9. "When I was little, I needed most of all..."

10. How did you most "hurt" as a child? (This can be physical, emotional, mental, familial or social.)

11. From your perspective now as an adult, describe your feelings toward the "little child" you were.

12. Use this space for anything else you would like to include about the early years of your life.

IV. ADOLESCENCE/EARLY ADULTHOOD

1. Describe where you lived as a teenager if you moved during this time. What effect did the move have on you?

2. High School. Describe your school, your grades, interests, achievements, influential teachers, social relationships, etc.
 - a. "What I looked like as a teenager was..."

 - b. "How I felt as a teenager was..."

 - c. "Today, I look at the teen I was and feel..."

3. Describe your health during your teen years. Include descriptions of any illnesses, hospitalizations, accidents or mishaps.

4. Describe any alcohol or drug use with which you may have experimented. Be detailed as to kinds, amounts, when and where you used. Describe the effect on your mood, attitude or behavior. Describe any eating problems or money problems you may have developed at this time.

5. Tell about your peer relationships during this time. How did you spend your time? What did you enjoy?

SEXUALITY

6. When, where and from whom did you acquire your first information about sex? When did you become aware of your own sexual impulses?
 - a. "I think sex is..."

 - b. "I liked to fantasize about..."

c. "I learned to masturbate..."

7. Describe how your sexuality developed in relation to others.

a. "The first person I had sex with was..."

b. "The first time I made love..."

c. "My early sexual thoughts were..."

8. If you identify yourself as predominantly heterosexual, what are your experiences with, or feelings and attitudes about gay, lesbian or bisexual individuals?

9. If you identify yourself as predominantly gay, lesbian or bisexual, describe your current feelings about your sexual orientation.

a. Describe your steps in coming out to yourself, family, friends or other significant persons.

b. Describe any experiences of harrassment and/or discrimination by any individual, employer, or other institution.

c. Describe your feelings and attitudes toward heterosexuals.

d. Describe the earliest thoughts and feelings toward your being of a different sexual orientation.

10. Describe how your sexuality and spirituality are integrated or separated.

11. Whatever your sexual orientation, describe here in general your sexual behavior during adolescence and early adulthood.

12. As a young adult, did you enter trade school, career college, university or professional school? Describe this in detail. Include the highest grade or degree achieved.

13. Describe here any military experience. Include age at time of entry, which branch, how you feel about the experience, and the discharge circumstances. If you are career military, relate your present role, status and feelings about this aspect of your life.

14. Tell about any attempted marriages, marriages, or live-in relationships begun during adolescence or young adulthood. Include the names and ages of your children and your relation to them now. Note miscarriages and/or abortions.

a. Describe your feelings about yourself as a mother...

b. Describe your feelings about yourself as a father...

15. Describe here any experiences with the law, jail, prison or the court system. Include dates, issues and outcomes. Also your feelings about this.

16. Report your religious or spiritual experiences and practices from this time in your life.

17. Describe any experiences of sexual, physical, emotional or mental abuse during adolescence or young adulthood.

18. Tell about your job experiences during this period of life. Describe any problem patterns you might notice about your work experience.

19. Describe any significant relationships that began during this time and why they are significant to you.

20. If you are an older person, describe your feelings toward yourself as you remember yourself as a young adult.

V. ADULTHOOD

If you are not an adult (for our purposes this means late 20's onward) skip anything in this section that does not apply to you.

1. Describe your living situation now.

2. As an adult, do you pay attention to your nightly dreams? Do you, or have you ever kept a dream journal, or any other type of personal journal? If you do pay attention to your night dreams, describe what role your dreams play in your life.

3. Tell about your religious or spiritual life at the present time. Include your general beliefs, your feelings about afterlife, reincarnation and immortality, who or what you believe "God" or "Goddess", or a "Higher Power" to be, and what spiritual practices or programs you use to develop and express your spiritual life.

4. Describe your health. Include operations, accidents, the last time you had a physical exam, chronic conditions from which you suffer, medications you have been or are now on. Ever been treated for chemical dependency, eating disorder, etc.

a. "When I drink I..."

b. "When I use drugs, I..."

c. "When I binge on anything, I..."

EMOTIONAL LIFE

5. The major emotions are love, fear, envy, grief and anger. Please complete the following sentences.

a. "I express fear by..."

b. "I express grief by..."

c. "I express jealousy by..."

d. "I express love by..."

e. "I express anger by..."

6. "I am afraid of the following..." (Try for four.)

a.

b.

c.

d.

7. "I worry or have anxiety most about..."

8. "I feel angriest about..."

9. "I feel saddest about..."

10. Describe your bodily self. Include, height, weight, physical appearance, any chronic muscle tension, and any part of your body that "gives you trouble". What is your attitude toward your body?

11. Tell about ways you enjoy yourself, the main ways you spend your time now, who you spend time with and by whom you feel supported.

12. Describe your primary occupation at the present time. Include whether or not you enjoy your work. Are there any occupational or career goals for which you are working?

12. Tell about any educational, degree or personal development courses you have taken or are currently taking.

VI. PRIMARY RELATIONSHIP

If you are currently married, have a lover, or life companion, please spend time with the following section.

1. Describe the personality of your partner. Include name, physical appearance, age, personal characteristics both positive and negative, how long you've been with this person and the occupation of this person.

2. "My partner and I are compatible in the following ways..."

3. "My partner and I are incompatible in the following ways..."

4. List the names, sex and ages of your children, both adopted and natural, and those for whom you are legal guardian. (If you completed this in the previous section, do not duplicate the information.)

5. Name areas you feel the relationship is in trouble.

6. Report here areas where you feel the relationship is healthy.

7. Describe in general your level of self expression and identification of your needs.

8. Tell how you and/or your partner have ever "lost control" (verbal and/or physical abuse, violence, temper or inappropriate use of aggression).

9. Describe how you and your partner deal with disagreements.

10. Report here your primary in-law relationships.

11. Reflect here on where and how you met your partner and what it was you saw in him or her that attracted you.

- a. "In the beginning I hoped for..."
- b. "In the beginning, I expected..."
- c. "I have learned about my partner..."
- d. "In the beginning, I needed..."
- e. "What I need now is..."
- f. "With my partner, my erotic life is..."
- g. "If I could change our sex life, I would..."

COMMUNICATION

Communication consists of having skills in two departments: sending messages and receiving messages. Please consider the following and write True or False for each item. Feel free to describe or explain any item.

12. Revealing and disclosing information, feelings, attitudes, etc.

Of the two of us, I am a better listener.
Of the two of us, my partner is the better listener.
Both of us are excellent listeners.
Of the two of us, I am the better broadcaster.
Of the two of us, my partner is the better broadcaster.
Both of us are excellent broadcasters.

13. Identify issues or topics that evoke the most reactivity, negativity, conflict or hard feelings.

14. How is your partner "like" your father?

15. How is your partner "like" your mother?

12. "I think retirement is..."

13. As if your writing this now, what is the "meaning of your life?" For what were you born and what do you think you are meant to be or accomplish in your life?

VIII. SOME LAST THINGS

1. What are your expectations regarding your therapy with me? How do you hope to benefit?

2. What do you feel will be or is the most difficult aspect of therapy?

3. What do you think will happen with you if you change?

3. Add any information not covered by this questionnaire that you would want your therapist to know and understand about you. Use the back of this sheet if necessary.

Your Signature: _____ Date Completed _____