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### Life History Questionnaire

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

The purpose of this questionnaire is to obtain information about you, so that I can better meet your request for treatment. Completing this document as thoroughly and accurately as possible will facilitate our work together.

Because this information is highly personal, it is understandable that you may have concerns about how this document is treated. As explained in the Informed Consent form supplied, this and all material in your file is strictly confidential.

If you prefer not to answer a particular question or if it is not applicable, please just mark it "N/A." If you need addition space, please use the reverse side.

#### I) General Information (please print):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Apt. Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address(es): \_\_\_\_\_ ; \_\_\_\_\_

Social Security Number (only if you plan to bill insurance): \_\_\_\_\_

Phones: hm: \_\_\_\_\_ wk: \_\_\_\_\_ cell: \_\_\_\_\_

Occupation & Employment Situation: \_\_\_\_\_

Education: \_\_\_\_\_

Have you ever been in the Military? \_\_\_\_\_ Status \_\_\_\_\_

Relationship Status: (please circle one):

Single      Married      Partnership      Separated      Divorced      Remarried      Widowed

If you have a partner: How long have you been together? \_\_\_\_\_

How long have you been living together? \_\_\_\_\_ Age of partner: \_\_\_\_\_

Education and occupation of partner: \_\_\_\_\_

Do you have any children? (please circle):    Yes    No

If yes, how many live with you? \_\_\_\_\_ Please list their names, ages and genders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note any other important information (step, adopted, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Family Concerns: \_\_\_\_\_

\_\_\_\_\_

Present Family Strengths: \_\_\_\_\_

\_\_\_\_\_

Any Significant Marital/Sexual Patterns? \_\_\_\_\_

## 2) Medical History:

Family physician: \_\_\_\_\_; phone number: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_; phone number: \_\_\_\_\_

May I have permission to contact either or both doctors and acknowledge that you are attending therapy? (please circle):    Yes    No (If yes, I will provide a Release of Information Form for you to sign)

Do you currently have any medical problems that require treatment? (please circle):    Yes    No

If yes, please describe problem and nature of treatment: \_\_\_\_\_

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Are you currently taking any medications? (please circle):    Yes    No

If yes, please list (kindly include prescription and non-prescription)

Current Medications				
Name	Dosage	When Started	Reason	Prescribing Dr.

Please list any other significant medical problems, accidents and head injuries that you have had:

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Have you had or do you currently have any suicidal thoughts or actions? (Circumstances? When? How treated?) \_\_\_\_\_

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### 3) Substance use/addictions:

Do you use any recreational drugs? (please circle):    Yes    No

If yes, please list and describe approximate frequency and quantity: \_\_\_\_\_

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Approximately how much beer, wine or hard liquor do you consume weekly? \_\_\_\_\_

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Have you ever been criticized for your drinking or drug use? \_\_\_\_\_

Have you ever felt guilty for your drinking or drug use? \_\_\_\_\_

Have you ever tried to cut down on your use of alcohol or drugs? \_\_\_\_\_

How do drinking and drugs use generally affect you? \_\_\_\_\_

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Gambling issues? \_\_\_\_\_

Do you use tobacco products? \_\_\_\_\_ Which? \_\_\_\_\_ When did you begin?

\_\_\_\_\_ How much and how often? \_\_\_\_\_

#### 4) Comfort and Social Network:

Do you have someone with whom you can share personal problems or go to for comfort? Yes No

If yes, who is it? \_\_\_\_\_

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Do you ever turn to food, alcohol, drugs, sex, pornography, gambling, shopping, or other behaviors for comfort? If yes, please circle the item(s) above and/or describe others: \_\_\_\_\_

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How do you spend your leisure time? \_\_\_\_\_

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Do you belong to any clubs or organizations (church group, PTA, etc.)? \_\_\_\_\_

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**5) Family of Origin History** (kindly list below any information about your father, mother, step-parents, siblings, etc. that you feel is significant):

Name	Relationship	Age (or at time of death)	Occupation	Education	Other
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(Again, please feel free to use reverse side if necessary.)

If you were to choose 3 adjectives or phrases to describe your mother as you were growing up, what would they be?

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

What sort of relationship did you have with your mother? \_\_\_\_\_

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If you were to choose 3 adjectives or phrases to describe your father as you were growing up, what would they be?

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

What sort of relationship did you have with your father? \_\_\_\_\_

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Were your parents openly affectionate? \_\_\_\_\_ Did they fight? \_\_\_\_\_

Did they resolve arguments and get close again? \_\_\_\_\_

Whom did you approach for comfort? \_\_\_\_\_



What are the things you like most about your relationship? \_\_\_\_\_

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What are the things you most want to change? \_\_\_\_\_

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How often do you argue? \_\_\_\_\_

What do you argue about the most often? \_\_\_\_\_

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Describe your most recent argument. How did it start? How did it end? \_\_\_\_\_

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When you argue, does someone end up leaving? Who? How long before they come back?

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How long do you stay angry with each other? \_\_\_\_\_

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Who is the first to attempt to make things better? \_\_\_\_\_

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Is there any other information you think may be helpful for me to know? \_\_\_\_\_

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**10) Expectations for Therapy:**

What prompted you to seek therapy at this particular time? \_\_\_\_\_

What symptoms are you experiencing? \_\_\_\_\_

When did the issues that brought you into therapy begin? What makes them worse? Better? \_\_\_\_\_

If therapy is successful, how will you and your life be different? \_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_

Have you been in therapy before? (When? Therapist? Helpful? What was helpful?) \_\_\_\_\_

Do you have particular treatment preferences? \_\_\_\_\_

Personal strengths and abilities \_\_\_\_\_

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