

C. Graham Consulting, Inc.

3720 Farragut Avenue, Suite 103, Kensington, MD 20895, (301) 949-2624, F (301) 946-0340

The purpose of this questionnaire is to obtain a more complete understanding of your concerns and history. All information obtained during your contacts with this office will be kept confidential within the limits of the law. Information can only be released with your written consent unless in an emergency. Please complete and bring to the first session.

Personal History Questionnaire

General Information

Date of first visit:

Last Name:

First Name:

MI:

Street:

City:

State:

Zip code:

Phone: Home

Work:

Cell:

Email address:

Date of Birth:

Marital Status:

Nationality:

Mar, Div, Sep, Wid, Sgl, SO

Occupation:

Employer:

Retired:

Physician:

Phone:

Date of last visit:

Psychiatrist:

Phone:

Date of last visit:

Medications (list condition, name, amount and frequency):
(Include non-prescription supplements)

Are you currently suffering from a significant illness:

Emergency contact:

How did you find us?

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History

Current Challenge:

Circle any changes:

- | | |
|-------------------------|--------------------------------|
| 1. Sleep pattern | 5. Decreased concentration |
| 2. Appetite | 6. Increased anxiety |
| 3. Decreased energy | 7. Suicidal/Homicidal Thoughts |
| 4. Decreased motivation | 8. Other changes: |

List any difficult life transitions in the last 10 years:

Education/Work/Military History:

How far did you go in school?

Did you attend college and what was your major?

Military history and rank:

Describe your marriage(s) or meaningful relationships:

Do you have children? (List their ages):

Do they live with you?

In what areas are you compatible with your partner?

In what areas are you having difficulty with your partner?

What do you most value in your relationship?

Are you separated/divorced?

If so, how long ago?

What were the reasons your relationship(s) may have ended:

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Sexual History:

Sexual Orientation:

In general, how would you describe your sex life?

Have you experienced any problems or concerns with your sexuality?

If you could change something in your sex life, what would it be?

Has there been a traumatic sexual event in your life?

Family History:

Mother:

Living? Requires care? Deceased?
How would you describe your relationship with your mother?

Father:

Living? Requires care? Deceased?
How would you describe your relationship with your father?

How would you describe your parents' relationship?

Siblings (Please list):

Living? Require care? Deceased?
How would you describe your relationship with your siblings?

Substance Use:

Alcohol: Frequency: Favorite:
Tobacco: How much?
Others: How much?

Have you been in therapy before?

Name some positive experiences should you have been in therapy before:

Name some negative experiences should you have been in therapy before:

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Policies and Procedures

Please understand that although I am here to help you, this is also my business. Please feel free to speak with me about any questions and concerns you may have about this document.

Please read and initial after each item

Each session has a designated time limit. If you arrive late for your appointment, the time is lost from your session: if your therapist is late for the appointed time, the session will be extended or mutually agreed upon arrangements will be made.

This time is reserved for you and cannot be offered to other clients without adequate notice unless you have experienced an emergency. The missed appointment without 24 hour notice will be billed to you directly at a rate of 50 % of the cost of the session.

Except for scheduling or rescheduling appointments, telephone calls to your therapist should be limited to emergencies or agreed upon phone consultations. Other calls will be billed at the hourly rate.

Please note that Ms. Graham does not participate in insurance programs, except for Medicare. Payment is due at each session. A receipt or statement will be provided to you for billing purposes. Obtaining pre-authorizations and understanding your insurance benefits is ultimately your responsibility.

Ms Graham reserves the right to adjust fees upon completing review of costs at the beginning of each year. Any billing changes would take effect one month after providing clients with a written notice.

The information you share with Ms. Graham is privileged and confidential. Any information concerning your treatment will be released only with your written permission, except the following:

1. If you are court-ordered into treatment;
2. If you pose, in my opinion, a clear and imminent danger to yourself or others;
3. Or if, in my opinion, a child is being abused or is in danger of abuse or neglect.

Signature:

Date: