

Biographical Document

Name: _____

Date Filled out: _____

Presenting Problems/Symptoms Bringing you to Treatment:

Recent Stressors and Life Changes:

Past Therapy Experience (List each experience/ reason seeking treatment/length of time seen separately):

- 1) _____
- 2) _____
- 3) _____

Family Members/List and Describe Relationship to Each:

Family Member 1:

Family Member 2:

Family Member 3:

Family Member 4:

Family Member 5:

What are your goals for coming into family counseling?

What would you like to see change in your family dynamic and functioning?

What do you see as the source of the problems in family functioning?

What do you see as your individual role in the family conflict?

What do you individually feel you need to work on to contribute to family success? And are you seeing your own individual therapist?