

# Yellowstone Counseling Center

Kelly Christy, MS  
Licensed Clinical Professional Counselors  
208 N. Broadway, Ste. 423  
406-896-8427

Aimee Rust, MS  
Billings, MT 59101  
fax 406-245-5980

## LIFE HISTORY QUESTIONNAIRE

The purpose of this questionnaire is to obtain a comprehensive understanding of your life experience and background. Please return this questionnaire when completed, or at your scheduled appointment.

### PLEASE USE THE BACK OF THIS FORM IF NECESSARY

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Who referred you? \_\_\_\_\_

### Presenting Issues

Please state in your own words the nature of your main problems and how long they have been present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the scale below please check the severity of your problem(s):

\_\_\_\_\_ mildly upsetting    \_\_\_\_\_ moderately severe    \_\_\_\_\_ very severe    \_\_\_\_\_ extremely severe

Whom have you previously consulted about your present problem(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If so, what, how much, and with what results? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary physician: \_\_\_\_\_ Date last seen: \_\_\_\_\_

### Emotional Issues

Please list your main fears in life: \_\_\_\_\_

Circle any of the following words/phrases, which apply to you:

Anger	Nightmares	Lonely	Attractive	Suicidal Ideas	Sexual problems
Worthless	Change in Appetite	Alcohol Abuse	Inadequate	Sleep Disturbance	Poor Concentration
Stupid	Incompetent	Sleep Difficulties	Naive	Cowardly	Financial Problems
Guilty	Hostile	Full of Hate	Anxious	Confident	Horrible Thoughts
Unassertive	Panicky	Aggressive	Morally Wrong	Intelligent	Agitated
Drug Abuse	Unattractive	Repulsive	Bowel Problems	Fatigue	Depressed
Palpitations	Unloved	Bored	Misunderstood	Indecisive	Confused
Can't Relax	Headaches	Helpful	Compassionate	Generous	Passive

Please list any additional words: \_\_\_\_\_

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Present interests, hobbies, activities: \_\_\_\_\_

How is most of your free time occupied? \_\_\_\_\_

## Medical History

Did you have any major illnesses, medical issues, or serious accidents during your childhood or adolescence? \_\_\_\_\_

Have you had any surgical operations? What was your age? \_\_\_\_\_

Do you have any current health problems? \_\_\_\_\_

Have you had any recent changes in your weight or appetite? \_\_\_\_\_

Do you have any problems with sleep such as difficulty falling asleep or frequent waking? \_\_\_\_\_

How many hours do you sleep per night? \_\_\_\_\_ How many times a week do you exercise? \_\_\_\_\_

Do you have any difficulty surrounding your menstrual period? \_\_\_\_\_

Any history of miscarriages or abortions? \_\_\_\_\_

## Psychiatric History

In the past, have you been treated for any mental illnesses or emotional struggles? \_\_\_\_\_

Have you ever seen a counselor? If so, where and for how long? \_\_\_\_\_

Have you ever been abused? Please check those that apply:

Physical Abuse       Emotional Abuse       Psychological Abuse       Sexual Abuse

If so, what impact has this had on your life? \_\_\_\_\_

## Substance Use History

Please describe your history of alcohol and other drug use. \_\_\_\_\_

Are you currently using drugs or alcohol? If so, how often? \_\_\_\_\_

Have you ever received treatment for alcohol or substance use? \_\_\_\_\_

## Academic/Educational History

What is the last grade of school you completed? \_\_\_\_\_

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Describe your scholastic strengths and weaknesses. \_\_\_\_\_

Describe your elementary school experience. Middle School? High School? College? \_\_\_\_\_

To your knowledge, have you ever been diagnosed with a learning disorder? \_\_\_\_\_

## Occupational/Vocational History

What sort of work are you doing now? \_\_\_\_\_

What sort of work have you done in the past? \_\_\_\_\_

Does your present work satisfy you? If not, in what ways are you dissatisfied? \_\_\_\_\_

Do you get along well with your boss and colleagues? \_\_\_\_\_

Do you change jobs frequently? \_\_\_\_\_

## Childhood and Family History:

As far as you know, how was your mother's health during pregnancy? \_\_\_\_\_

As far as you know, did your mother smoke or use alcohol or drugs during her pregnancy with you? \_\_\_\_\_

As far as you know, were there any complications during your birth? \_\_\_\_\_

Where were you born? \_\_\_\_\_

What were/are your parent's names and occupations? \_\_\_\_\_

If deceased, at what age were you when they died and what was the cause of death? \_\_\_\_\_

If you have a stepparent, give your age when parent remarried \_\_\_\_\_

If you were not raised by your parents, who did raise you, and between what years? \_\_\_\_\_

How many siblings do you have (ages/gender)? \_\_\_\_\_

Briefly describe your mother's personality and her attitude towards you (past and present). \_\_\_\_\_

Briefly describe your father's personality and his attitude towards you (past and present). \_\_\_\_\_

In what ways were you punished or disciplined as a child? \_\_\_\_\_

Were you able to confide in your parents? Did they understand you? \_\_\_\_\_

Did you feel loved and respected by your parents? \_\_\_\_\_

Briefly describe your relationship with siblings and extended family. \_\_\_\_\_

Overall, how would you describe your childhood? \_\_\_\_\_

## Family Psychiatric History

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To your knowledge, is there a history of mental illness in your family including depression or anxiety? \_\_\_\_\_

If so, did they receive treatment? What sort and for how long? \_\_\_\_\_

Is there any history of alcohol or substance abuse in your family? If so have they received treatment? \_\_\_\_\_

## Family Medical History

To your knowledge, have any of your immediate family members had serious medical conditions? \_\_\_\_\_

Are these conditions genetic? \_\_\_\_\_

Have these conditions impacted your relationship with your family? \_\_\_\_\_

## Social Support /Current Family

What is your current relationship status? Single \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

If Divorced or Separated- How long have you been divorced/separated? \_\_\_\_\_

If married, what is your spouse's name? Occupation? How long have you been Married? \_\_\_\_\_

Please briefly describe your relationship with your significant other. \_\_\_\_\_

In what areas is there compatibility or incompatibility in your relationship? \_\_\_\_\_

How do you get along with your in-laws? \_\_\_\_\_

Comments about any previous marriages and brief details: \_\_\_\_\_

Do you have any children? Names, ages? \_\_\_\_\_

Do any of your children present special problems? \_\_\_\_\_

With whom do you currently reside? \_\_\_\_\_

How would you describe your friendships? \_\_\_\_\_

Do you currently feel you are getting the support you need? \_\_\_\_\_

## Religious/Spiritual History

Please describe the role of spirituality/ religion in your childhood. \_\_\_\_\_

Does religion/spirituality currently play a role in your life? \_\_\_\_\_

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## Therapeutic Issues

Recount any fearful or distressing experiences not previously mentioned. \_\_\_\_\_

What do you expect to accomplish from therapy, and how long do you expect therapy to last? \_\_\_\_\_

List any situations, which make you feel calm or relaxed. \_\_\_\_\_

Have you ever lost control ( e.g. temper, crying, aggression)? If so, please describe. \_\_\_\_\_

What is there about your present behavior that you would like to change? \_\_\_\_\_

What feelings do you wish to alter (e.g. increase or decrease)? \_\_\_\_\_

Please add any information not brought up by this questionnaire that may aid your therapist in understanding and helping you: \_\_\_\_\_

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