**NEW CLIENT BIO**

*Please, fill out (each client) as completely as possible and return via email to (ginny@ginnywinn.com) in time for me to review before your first session (at least a couple of days prior, please). If you are unable to complete and submit the form electronically, you may print it out, complete it by hand, and bring it in to your first session. If you do not wish to answer a question, simply mark the answer area with a dash or N/A, if not applicable. Thank you!*

**DATE:**

**NAME:**

**MALE/FEMALE:**

**DATE OF BIRTH/PLACE:**

**AGE:**

**ADDRESS:**

**TELEPHONE:**

**Home:**

**Office:**

**Mobile:**

**E-MAIL:**

**FOR CONFIDENTIAL/PRIVATE MESSAGES:** If same as above, write “Same as above”

**Address:**

**Phone:**

**Mobile: *(Text Mobile: Yes\_\_\_ No\_\_\_)***

**E-mail:**

**HIGHEST GRADE/DEGREE:**

**TYPE OF DEGREE:**

**PERSON AND PHONE NO. TO CALL IN EMERGENCY:**

**REFERRAL SOURCE:**

**OCCUPATION** (former. If retired):

**PRESENTING PROBLEM** (Be as **specific** as you can: When did it start, how does it affect you…):

**Estimate the severity of the above problem:**

Mild\_\_\_ Moderate\_\_\_ Severe \_\_\_ Very severe \_\_\_

**CURRENT: Marital status:**

**Live with someone:**

**Name:**

**Years:**

**PAST & PRESENT MARRIAGE/S** (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

**PRESENT SPOUSE/PARTNER:**

**Education:**

**Occupation:**

**CHILDREN/STEP/GRAND** (names/ages & brief statement on your relationship with the person)

**PARENTS/STEPPARENTS** (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

**Father:**

**Mother:**

**Stepparents:**

**SIBLINGS** (name/age, if dead: age and cause of death & brief statement about the relationship):

**MEDICAL DOCTOR/S** (name /phone):

**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents, falls, illness):

**Specify all MEDICATION you are presently taking and for what. PRINT clearly:**

**PAST/PRESENT DRUG/ALCOHOL USE/ABUSE** (AA, NA, treatments)**:**

**SUICIDE ATTEMPT/S** or **VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc.)

**PAST LEGAL/LITIGATION HISTORY** (Describe past incarcerations, lawsuits and other criminal or civil litigations)**:**

**ARE YOU PRESENTLY INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITGIATIONS, LAWSUITES OR DIVORCE AND CUSTOY DISPUTES?** (if you answer Yes, please, explain):

**FAMILY MEDICAL HISTORY** (Describe any illness that runs in the family: cancer, epilepsy, etc.)**:**

**FRIENDSHIPS, COMMUNITY, & SPIRITUALITY** (Describe quality, frequency, activities, etc.):

**PAST/PRESENT PSYCHOTHERAPY** (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Individual/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended)**:**

**DESCRIBE YOUR CHILDHOOD IN GENERAL** (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

**IF PARENTS DIVORCED:**

Your age at the time:

Describe how it affected you at the time:

**FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE** (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

**What gives you most joy or pleasure in your life?**

**What are your main worries and fears?**

**What are your most important hopes or dreams?**