

ADULT BIOGRAPHICAL INFORMATION FORM

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Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Disclosure Form. If you wish not to answer any question, merely write "Do not care to answer." Please write clearly and bring this form to the first session.

Name _____
Address _____
E-mail address _____
Phone Numbers: (h) _____ (w) _____ (c) _____
Should I need to reach you, which number would you like me to call? _____
Can I leave a message? _____ Can I text you at this number? _____
If not, how can I reach you while protecting confidentiality? _____
Emergency contact number _____
Date of birth _____ Age _____ Place of Birth _____
Referral Source _____
Can I thank the person who referred you? _____

Occupational History

Current Occupation _____
Employer _____
Past Occupations _____
Ideal/Dream Occupation(s) _____
Highest Grade/Degree _____ Type of Degree _____

Family History

Spouse, partner and/or significant other _____ Age _____
Occupation _____
Your marital or relationship status _____
Marriage/divorce dates _____
Children/grand/step (names/ages & brief statement on your relationship with the person)
1. _____
2. _____
3. _____
Others in household including pets _____
Parents/Step-parent (names/ages & brief statement on your relationship with the person)
Father: _____
Mother: _____
Stepparents: _____

Siblings (names/ages & brief statement on your relationship with the person)

1. _____
2. _____
3. _____

Deceased family members or significant others and dates (including pets):

Is there a family history of substance abuse, mental illness, abusive relationships, eating disorders or violence?

Medical/Psychological History

Medical doctors (name /phone): _____

Any past/present medical care that would be helpful for me to know about?

Do you have any allergies? _____ What types? _____

Are you currently or have you ever been on Medication? _____

If yes, please list the medication(s) and the reason?

Number of pregnancies & dates _____

Childbirth Experience(s) and dates _____

How often do you: Drink Alcohol? _____ Smoke _____ Rec Drugs _____ Casual Sex _____

Gambling _____ Other addictive behaviors(please specify) _____

Have you ever been treated for substance abuse or other addictive behaviors? _____

Where were you in treatment _____ Dates _____

Does your recovery feel solid? _____

Do you think you have an untreated addiction? _____ If yes, what substance(s) or behaviors?

Have you ever considered or attempted suicide? _____ Did you have a plan? _____

Do you feel suicidal now? _____

Do you ever (or have you ever) heard voices/noises, seen people/things, or felt sensations/experiences others couldn't hear, see, or experience? If so please describe: _____

Have you ever been hospitalized for depression or other emotional distress? If so please describe:

Do you now, or have you ever had an eating disorder or body image challenges. Please describe.

Were there any events or accidents in your life that you feel were traumatic? _____

Have you been in psychotherapy before? _____

What was beneficial? _____

What was not helpful? _____

Please state briefly your reasons for seeking therapy at this time. List your specific concerns.

What are your goals for therapy?

What are your strengths?

What is your experience with art materials and how do you feel about making art?

Religious/Spiritual History

What was your religious upbringing and what is your spiritual orientation now?

What would you say is your fundamental belief about your religious or spiritual orientation? _____

How important is this aspect in your life? _____

Life Skills and Self Care

Hobbies/Interests _____

Do you exercise? _____ What kind? _____ How often _____

What do you like to do for self care? _____

Who is in your support system? _____

What brings you joy or pleasure in your life _____

What are your hopes and dreams for yourself _____

What else would you like me to know about you: _____

Thank you for taking the time to fill out this form.