

Kate King, MA, ATR, LPC
Kate King Art Therapy & Psychotherapy, LLC
5310 DTC Parkway. Suite G. Greenwood Village, CO 80111
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ADULT BIOGRAPHICAL INFORMATION FORM

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? _____
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 an/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. _____

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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 _____

Use Drugs _____ Other addictive behaviors _____

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? _____

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? _____

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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 (person or groups) is your support system _____

What brings you joy or pleasure in your life

What are your hopes and dreams for yourself _____

Credit Card Information

Name on Card: _____ Card #: _____

Expiration Date: _____ 3digit Code on back of card _____ Billing Zip Code: _____

Kate King Art Therapy & Psychotherapy, LLC accepts all credit cards, and will never bill your card without your consent. Credit cards are kept on file for easy billing, and for charges for missed sessions. Payment by credit card is optional, and a \$3 processing fee will be charged for each credit card transaction.

Please use space on the back to add any other information you would like me to know about you and your reasons for pursuing therapy at this time. Thank you for your time.