



# BELL CENTER FOR ANXIETY AND DEPRESSION

## Client Background

### Developmental History and Childhood

- Planned pregnancy?  Yes  No
- Full term pregnancy?  Yes  No
- Complications during pregnancy?  Yes  No
- Complications during delivery?  Yes  No
- Milestones met on time?  Crawl  Walk  Sat up alone  Talked  Toilet
- Childhood history of:  Night terrors  Bed-wetting  Sleep-walking  Thumb-sucking  
 Nail biting  Stammering  Fears

Describe your childhood (Fearful, Distressing, Traumatic experiences): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you describe yourself as happy or adjusted were you growing up?  Yes  No

Did you make friends easily?  Yes  No

Did you keep relationships?  Yes  No

Bullied or teased?  Yes  No

Childhood games and interests: \_\_\_\_\_

How did you spend most free time? \_\_\_\_\_

\_\_\_\_\_

### Family History

| Relationship   | Name | Age | Quality of Relationship |
|----------------|------|-----|-------------------------|
| Mother         |      |     |                         |
| Father         |      |     |                         |
| Step-Mother    |      |     |                         |
| Step-Father    |      |     |                         |
| Sibling        |      |     |                         |
|                |      |     |                         |
| Spouse/Partner |      |     |                         |
| Child          |      |     |                         |
|                |      |     |                         |
|                |      |     |                         |

| Family Mental Health Issues                                  | Who? |
|--|------|
| <input type="checkbox"/> Hyperactivity                       |      |
| <input type="checkbox"/> Sexually abused                     |      |
| <input type="checkbox"/> Depression                          |      |
| <input type="checkbox"/> Bipolar Disorder (Manic Depression) |      |
| <input type="checkbox"/> Suicide                             |      |
| <input type="checkbox"/> Anxiety                             |      |
| <input type="checkbox"/> Panic attacks                       |      |
| <input type="checkbox"/> Obsessive Compulsive Disorder       |      |
| <input type="checkbox"/> Anger/abusive                       |      |
| <input type="checkbox"/> Schizophrenia                       |      |
| <input type="checkbox"/> Eating disorder                     |      |
| <input type="checkbox"/> Alcohol/drug abuse                  |      |
| <input type="checkbox"/> Other:                              |      |

- Parents legally married or living together       Mother remarried (Number of times\_\_\_)  
 Parents temporarily separated                       Father remarried (Number of times\_\_\_)  
 Parents divorced or permanently separated

**Interpersonal/Social/Cultural Information**

Sexual Orientation:

- Bisexual       Heterosexual     Lesbian/Gay     Queer             Questioning     Other: \_\_\_\_\_

Marital Status:

- Single             Co-Habiting     Married             Separated         Divorced         Widowed  
 Other: \_\_\_\_\_

Describe your social network (check all that apply);

- Family     Neighbors       Friends             Students             Co-Workers  
 Support/Self-Help Group                       Community Group     Religious/Spiritual Center  
 Other: \_\_\_\_\_

With which cultural or ethnic group do you identify? \_\_\_\_\_

Please describe any difficulties you may be experiencing due to cultural or ethnic issues: \_\_\_\_\_

\_\_\_\_\_

How important are spiritual matters to you?     Not at all             A little             Somewhat             Very much

Do you identify with an organized religion?     No                       Yes: \_\_\_\_\_

Social/Recreational activities: \_\_\_\_\_

\_\_\_\_\_

Interest/Hobbies: \_\_\_\_\_

What do you do for relaxation or fun: \_\_\_\_\_

Change in level of involvement in activities?       Yes       No

How do you cope with stressful situations: \_\_\_\_\_

Greatest strengths? (What you do best or are most proud of): \_\_\_\_\_

**Miscellaneous Information**

Employment

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of time in this position: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Stress level of this position:  Low       Medium       High

Other jobs you have held: \_\_\_\_\_

Education

Are you currently enrolled/attending school?       Yes       No

High School Graduate?      Or       GED?      Year \_\_\_\_\_

Associate's Degree      Year \_\_\_\_\_      Major Area of Study \_\_\_\_\_

Undergraduate Degree      Year \_\_\_\_\_      Major Area of Study \_\_\_\_\_

Graduate Degree      Year \_\_\_\_\_      Major Area of Study \_\_\_\_\_

Military Service

Have you been/are you currently in the military?       Yes       No (please skip remainder of this section)

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Were you in combat?       Yes       No

Legal

Have you ever been convicted of a misdemeanor or felony?       Yes (please explain)       No

Are you currently involved in any divorce or child custody proceedings?       Yes (please explain)       No

Any additional information you would like to provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_