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NJ Licensed Psychologist #3493

General History Questionnaire

Date: _____

****Please provide all information requested in as much detail as possible.**

1. General Information:

Name: _____

Address: _____

Email: _____

Telephone Numbers: (Home) _____ (Cell) _____

Birthdate: _____ Age: _____ Sex: M F

Occupation: _____ Employer: _____

1. Why are you seeking treatment at this time? What symptoms are you current experiencing?

2. Educational /Occupational History:

What is your highest level of education? _____

Are you currently employed? What is your occupation? Who is your employer? What past jobs have you held?

3. Medical Conditions and History:

Please indicate your current and past medical history. How is your general health? Do you have any significant health issues?

Who are your current providers (family physician, specialists)?

Are you taking any medication at this time? If so, which, and what is the dose?

4. Psychiatric/ Substance Abuse History:

Have you ever been in therapy before? Please list prior treatment, symptoms, diagnoses, and providers.

Have you ever attempted suicide? Yes No If so, when did this occur? Please describe.

Have you ever been hospitalized for your problems? Yes No If so, when and where? Please describe.

Please describe your current and past use of alcohol and drugs. (Type, frequency, impact on lifestyle, relationships).

Have you ever had a traumatic experience? When did this occur? Who was involved? Please describe.

Is there any history of mental illness in your family? Who? Diagnosis? Y N

5. Family/Significant Relationships:

Father: _____ Age: _____

Occupation: _____

Describe your relationship when you were growing up:

Describe your current relationship:

Mother: _____ Age: _____

Occupation: _____

Describe your relationship when you were growing up:

Describe your current relationship:

Siblings/Ages/Occupations:

Describe your relationship when you were growing up:

Describe your current relationship:

What was your home environment like?

Are you married or in a committed relationship? Please describe. What do you like most about your partner? Least? How satisfied are you with your relationship?

Do you have any children? Names and ages

Please describe any other significant relationships. Describe the nature and quality of your relationships. Describe your social support system.

6. Sexuality

What was the attitude toward sex in your home? How did you first learn about sex?

Are there any relevant issues regarding your early or current sexual experiences?

What is your current attitude toward sex? Is your current sexual relationship satisfactory? If not, please describe.

7. Legal History:

Please indicate and legal history including arrests, sentencing, DUI, incarceration, litigation.

8. Strengths and Limitations:

Please identify what you consider to be your strengths, and limitations.

9. Goals and Expectations:

Please indicate your current goals for treatment and expectations of therapy.

9. Additional Information

Please share any additional information that your feel is relevant to your current treatment.
