

GoodLife Journey

INCORPORATED

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CLIENT HISTORY

Today's Date: _____

Please Print Clearly

Name: _____

Age: _____

Parent's First Names: _____

Where were you born? _____

How did you get along with your mother? _____

How did you get along with your father? _____

How many full brothers and sisters do you have? _____

How many half-brothers and sisters do you have? _____

How many step-brothers and sisters do you have? _____

How did you get along with your siblings? _____

Were your parents married? Y N _____

Was this the first marriage for each? _____

Are both your parents living? Y N

Who died and when? _____

Did anyone in your family experience substance abuse problems? Y N If Yes,

Who Substance abuse

Did anyone in your family experience mental health problems? Y N If Yes,

Who What problem

Did anyone in your family attempt or complete suicide? Y N If Yes,

Who

Did your parents divorce? Y N If Yes,

How old were you when they divorced? _____

Who did you live with after the divorce? _____ For how long? _____

Did you move back and forth between households? Y N

How often? _____ How old were you? _____

Did you have any step-parents or live-in adults at home? Y N If yes,
 Name(s) Your age when they moved into the household

Did you live away from home while growing up (boarding school, staying with relatives, in a foster home or group home)? Y N If yes,
 Where Your age at the time For how long?

Did you graduate from high school? Y N If yes, what year? _____
 If no, did you complete a GED? Y N If yes, what year? _____

What grades did you earn? _____

Were you in any special classes? Y N What were they in? _____

List any extracurricular activities: _____

Did you experience behavior or emotional problems in high school? Y N If yes,
 What were they Grade you were when it started How long did it last?

Post High School Education/Training

School	Your Age	Major(s)/Minor(s)	Degrees & Honors, Licenses, Certificates
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Employment History for the Past 10 Years (if applicable)

Place	Your Age	Length of Employment	Full or Part time	Reason for Leaving
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Have you experienced physical abuse? Y N If yes,

Who	Your Age at the Time	How long did it last	The abuse consisted of
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Did you tell anyone about the physical abuse? Y N If Yes,
Who Your Age at the Time What happened then

If No, why not? _____

Have you experienced sexual abuse? Y N If Yes,
Who Your Age at the Time How long did it last The abuse consisted of

Did you tell anyone about the sexual abuse? Y N If Yes,
Who Your Age at the Time What happened then

If No, why not? _____

How did the sexual abuse stop? _____

Have you experienced emotional abuse? Y N If Yes,
Who Your Age at the Time How long did it last The abuse consisted of

Did you tell anyone about the emotional abuse? Y N If Yes,
Who Your Age at the Time What happened then

If no, why not? _____

Have you deployed to a combat zone? Y N Location? _____ For How Long? _____

Please List All Live-in Relationships and Marriages:

Partner's Name Both Ages at Start Length of Relationship Marriage/Live-In Reason for Break-up

Your Children:

Child's Name	Biological/Adopted/Step	Age	Other Parent's First Name	Still Living at Home?

Where are you living now? _____
 Who else lives with you? _____

If female:

Have you lost any children as a result of miscarriage or termination of pregnancy? Y N If yes, at what age? _____

Is there anything else you would like to add about your history? _____

