

**PERSONAL BIOGRAPHICAL INFORMATION  
INTAKE FORM**

Daniela Roher, Ph.D.

Please fill out this biographical background form as completely as possible. It will help me in our work together. Information is confidential as outlined in the Office Policy Form that I provide. If you do not desire to answer any question, merely write, "Do not care to answer." Please print or write clearly and bring it with you to the first session.

NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH/PLACE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS:

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

TELEPHONE: H: \_\_\_\_\_ Cell: \_\_\_\_\_ W/Off: \_\_\_\_\_

FOR ROUTINE MESSAGES: Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

FOR CONFIDENTIAL/PRIVATE MESSAGES:

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

HIGHEST GRADE/DEGREE: \_\_\_\_\_

TYPE OF DEGREE: \_\_\_\_\_

PERSON & PHONE NO. TO CALL IN EMERGENCY:

\_\_\_\_\_

REFERRAL SOURCE:

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OCCUPATION (former. if retired):

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PRESENTING CHALLENGE (be as specific as you can: when did it start, how does it affect you...):

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CURRENT: Marital status: \_\_\_ Live with someone: \_\_\_ Name: \_\_\_\_\_

Years: \_\_\_\_\_

PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the relationship/s, i.e., friendly, distant, physically/emotionally abusive, loving, hostile):

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PRESENT SPOUSE/PARTNER: \_\_\_\_\_

CHILDREN/STEP/GRAND (names/ages & brief statement on your relationship with the person)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list the names and relationships of the five most important people in your life: \_\_\_\_\_

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PARENTS/STEP-PARENT (Name/age or year of death/cause of death, occupation, personality, how did s/he treat you, brief statement about the relationship):

Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Step-  
parents \_\_\_\_\_  
\_\_\_\_\_

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SIBLINGS (name/age, if dead: age and cause of death & brief statement about the relationship):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

HOW DO YOU RATE YOUR OVERALL PHYSICAL HEALTH?

Excellent \_\_\_\_\_ Great \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_  
Poor \_\_\_\_\_

DO YOU HAVE ANY SLEEP PROBLEMS? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please describe:

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If you have/had medical problems, surgeries, accidents, falls, illness, please describe:

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MEDICAL DOCTOR/S (name /phone):

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PAST/PRESENT MEDICAL CARE (major SPECIFY MEDICATION you are presently taking and for what. PRINT clearly:

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HAVE YOU HAD ANY PROBLEM WITH ISSUES OF DEPRESSION, ANXIETY, ADD/ADHD OR ANY OTHER MENTAL OR EMOTIONAL DISORDER? If so, please describe:

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PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

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FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

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DO YOU HAVE PETS? Yes \_\_\_\_\_ No \_\_\_\_\_

DO YOU EXERCISE REGULARLY? Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S? (if you answer Yes, please explain):

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What gives you the most joy or pleasure in your life?

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What are your main worries and fears?

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If you are interested in working with me, please sign below.

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(Client Signature)

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(Date)