

Maddie Haddock, MSW, LCSWA

2505 South 17th St., Suite 200

Wilmington, NC 28401

Background Information Form

The purpose of this questionnaire is to gather information about you before your intake appointment. Along with the intake appointment itself, your answers to this form will assist your therapist in planning therapy to address your specific needs. Do not worry if you do not have all the information to answer every question, as we will be discussing this further at your intake appointment. Your time and effort in completing this background form is greatly appreciated!

General Information

Date: _____ Form completed by: _____ Relationship to Client: _____

Name: _____

(First)

(Middle)

(Last)

(“Nickname”)

Date of Birth: _____ Gender Identity: _____ Preferred Pronouns: _____

Best email address at which to contact you: _____

Preferred Language (Please circle one): English / Spanish

Reason(s) for Current Appointment

Who recommended or referred you for this appointment? _____

What questions or concerns would you like addressed/answered?

What do you feel led to/caused these concerns?

When did you first notice these concerns? _____

Do you or a family member currently have a pending immigration case?

- Yes, I do
- Yes, my family member does
- No

If yes, what type?

- T-Visa
- U-Visa
- VAWA
- DACA Renewal
- Family Based Petitions
- TPS
- Consular Processing
- Green Card
- Naturalization

Are you currently enrolled in school?

- Yes
- No

If yes, please list where, and describe the program/degree you are seeking and your progress:

Are you currently employed?

- Yes, Full-Time
- Yes, Part-Time
- No

If yes, where and what position? _____

Any difficulties related to school or work that may be helpful for your therapist to know?

Please list everyone living with you at this time:

Age	Gender Identity	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family of Origin:

Mother's Name/Age: _____

Father's Name/Age: _____

Sibling(s) Name(s)/Age(s): _____

Please check box to indicate if any of your biological family members have/had the following conditions.

Note: A/U/C = Aunts, Uncles, or first cousins.

Condition	Immediate Family			Father's Relatives			Mother's Relatives		
	Dad	Mom	Sibling	GFather	GMother	A/U/C	GFather	GMother	A/U/C
Held back in school									
Mental Retardation									
Learning Disabilities									
Language/Speech Delay									
Hyperactivity									
Attention Deficit									
Conduct Problems									
Drug/Alcohol Abuse									
Tics									
Depression									
Anxiety									
Panic Attacks									
Obsessive-Compulsive Disorder									
Hearing Loss									
Vision Problems									
Other: _____									

Health and Medical History

Who is your primary care physician? _____

Have you had a medical check-up within the last 12 months? _____

Do you have any chronic or serious health problems?

- Yes
- No

If so, please state

If yes, what surgeries or procedures and why? _____

What medications are you currently taking? _____

Have you ever been given a mental health/psychological diagnosis (e.g. anxiety, ADHD, etc.)? If so, please state diagnosis or diagnoses:

Developmental History

Were you delayed in meeting any major developmental milestones?

- Yes
- No

If yes, state which milestone(s) were delayed and note whether you were just a little slower than typical or if there was a significant delay:

Social and Behavioral History

Do you have difficulties relating socially to others?

- Yes
- No

If yes, please describe _____

How easily do you make friends?

- Worse than average
- Average
- Better than Average

What are your main hobbies or interests? _____

Please list things you do well:

What are your most positive features?

Do you have difficulty controlling your anger?

Yes

No

If yes, please describe

Do you have difficulty controlling certain bad habits?

Yes

No

If yes, please describe

Do you have excessive worries and/or fears?

Yes

No

If yes, please describe

Have you ever been arrested/charged with a crime (other than a minor traffic violation)?

Yes

No

If yes, please explain

Have you been in therapy/counseling before?

Yes

No

If yes, how positive of an experience was it for you?
