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BACKGROUND QUESTIONNAIRE

Client's Name _____ Date _____

Date of Birth _____ Age _____ Sex _____

Education _____

Occupation _____

Religious Affiliation (if important to you)

Important Cultural Considerations

Who do you live with (Name, relation, age)? _____

Please give a brief summary of the main concerns you are seeking help for

Please describe any significant events that occurred during the following time periods:

Early Childhood _____

Adolescence _____
Adulthood _____

Have you had any psychological testing? _____

Daily Habits

Do you exercise regularly? _____ Type of exercise? _____ Frequency? _____

Describe your eating habits. _____

Describe your sleeping habits _____

Do you drink alcoholic beverages? _____ How many per week? _____

Do you use nicotine? _____ How much per day? _____

Do you use illegal drugs? _____

Social Relationships

Are you married or in a committed romantic relationship? _____ For how long? _____

Do you spend time with friends? _____ How often? _____

Are you satisfied with your social relationships? _____

Interests and Accomplishments

What are your main interests and hobbies? _____

What are your accomplishments? _____

Medical History

Please list the age at which you experienced any of the following illnesses as well as any other pertinent information regarding the illness.

Childhood diseases (describe any complications) _____

Operations _____

Hospitalizations _____

Head Injuries _____

Loss of consciousness? _____

Convulsions/seizures _____

High fever _____

Coma _____

Meningitis or encephalitis _____

Immunization reactions _____

Latest eye exam _____ Problems

Latest hearing test _____ Problems

Latest physical _____ Problems

Present height _____ weight

Present illnesses _____

Current medications _____

Family History-Biological Mother

School: Highest grade completed _____

Learning problems _____

Behavior problems _____

Medical problems _____

Have any of your *blood* relatives had a history of concerns similar to yours? If so describe

Have any of your blood relatives had a history of substance abuse problems, anger problems, mental illness, or legal problems? _____

Family History-Biological Father

School: Highest grade completed _____

Learning problems _____

Behavior problems _____

Medical problems _____

Have any of your *blood* relatives had a history of concerns similar to yours? If so describe

Have any of your blood relatives had a history of substance abuse problems, anger problems, learning problems, mental illness, or legal problems?

List names and addresses of any other professionals consulted

1.

2.

3.

4.

Please use the remainder of the page and/or the back to add any further information you would like me to know.