



### Social History Information

To enhance your therapy experience with Robin Friedman, providing additional information about your personal history will be very useful. Please answer all areas as honestly and comprehensively as possible. The last page of this form is blank if you need more space for any of your responses. All information on this form will remain confidential.

Legal Name \_\_\_\_\_ Preferred Name (if different) \_\_\_\_\_

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_

Sex assigned at birth \_\_\_\_\_ Current sexual identity (if different than birth assigned sex) \_\_\_\_\_

Current gender identification(s) \_\_\_\_\_ Preferred pronoun(s) \_\_\_\_\_

\*Current relationship status \_\_\_\_\_ If in a relationship, length of time

\_\_\_\_\_

If in a relationship, sex/gender of partner(s) \_\_\_\_\_ (\*more on this later)

Add any other information that is pertinent about your current identification or demographics:

### PRESENTING SYMPTOMS

Briefly describe the symptoms or problems that you hope to address during this therapy:

Briefly describe the goals you bring to therapy and/or the goals anyone else has for you about this therapy:

## CHILDHOOD HISTORY

Where were you born?

Where did you grow up (or if you moved during your childhood, please elaborate):

Elaborate if there were any significant aspects of your birth or the circumstances surrounding your birth:

Briefly describe your personality as a child (happy/sad, introverted/extroverted, active/passive, etc.):

What are the most significant events or milestones during your childhood – positive &/or negative:

What aspects of your childhood did you most like &/or dislike:

Comment on any aspect of violence &/or bullying if you were targeted for such during your childhood:

At what age did you begin living independently\_\_\_\_? Describe the circumstances of that change, or if you are not yet living independently, describe:

Comment on any other significant information about your childhood:

FAMILY OF ORIGIN

Who were you mostly raised by: \_\_\_\_\_ and \_\_\_\_\_

Name & age of mother/significant caregiver: \_\_\_\_\_

Relationship with mother/caregiver (please clarify if your current relationship is different from during your childhood):

Significant information about mother/caregiver (personality, style of parenting, profession, health etc.):

Name & age of father/caregiver: \_\_\_\_\_

Relationship with father/caregiver (please clarify if your current relationship is different from during your childhood):

Significant information about father/caregiver (personality, style of parenting, profession, health, etc.):

Marital histories of parents/caregivers:

Are you aware whether your parents/caregivers or any of your siblings have a history of violence or physical or sexual abuse, either as victim or perpetrator? \_\_\_\_ If yes, elaborate:

Comment on any aspects of violence, neglect, or deprivation that were present in the community environment in which you grew up (also see trauma section):

FAMILY OF ORIGIN continued

What were the most significant defining features – for you - about your family of origin:

Names, genders, & ages of siblings:

Relationship with siblings (please clarify if your current relationship is different from during your childhood):

Significant information about siblings (personalities, extracurricular interests, profession, health etc.):

Share any reflections about how you are similar to or different from your mother/caregiver:

Share any reflections about how you are similar to or different from you father/caregiver:

If you have siblings, share any reflections about how you are similar to or different from your siblings:

Any other significant information about your family of origin:

## PERSONAL HEALTH HISTORY

Any significant past physical health concerns, diseases, physical injuries, surgeries, dis/abilities, etc.:

Current physical health status – including concerns, injuries, diseases, disabilities, etc.:

Current medications/supplements for physical health conditions:

Any significant physical health concerns or diseases with parents or siblings:

Any other information about your physical health history:

## EATING HABITS

Comment on your current eating habits – (i.e., kinds of foods you eat, your level of attention to nutrition, do you eat primarily at home or in restaurants, emotional eating, etc):

Comment on your past eating habits if different from your current eating habits – i.e., same as above + what messages and habits about food did you acquire from your childhood environment(s):

Do encounter obstacles in your current access to food (i.e., lack of access to food, financial hardships to purchase food, limited knowledge of food choices, etc.):

Have you ever received treatment for restricting food intake or for overeating? If so, elaborate:

Do you use exercise to regulate your food intake? If so, elaborate:

Is there anything about your current eating habits that you wish to change:

Any other information about your current or past eating habits:

## EXERCISE HABITS

Please clarify type(s) & frequency of any physical exercise you engage in – e.g., average number of days/week and average amount of time each of those days:

If you exercise on a regular basis, comment on your level of enjoyment:

If you don't exercise, comment on the circumstances of not exercising:

What, if anything, would you like to change about your current exercise habits?

Any other information about your exercise habits:

## TRAUMA HISTORY

Please comment on any trauma(s) you have experienced (as recipient &/or witness) in the past (e.g., natural disaster, significant physical or mental injury, profound loss, violence, physical/emotional/sexual assault, generational trauma, racial or cultural violence/oppression, or any other significant trauma(s)):

Elaborate on your age(s) and duration of any trauma(s) mentioned in the preceding comments:

Comment on any aspect of trauma(s) you are experiencing in your current life – as recipient &/or witness:

Comment if you have been the target, witness, or perpetrator of bullying or prejudice (and ages and circumstances for such incident(s)):

Elaborate on the impact of any trauma(s) on you – then &/or now:

Comment on medical treatment(s) you have received – or are still receiving - for any trauma(s) you have experienced:

**TRAUMA HISTORY (continued)**

Comment on any previous efforts to receive counseling or therapy to address aspects of any trauma(s) you have experienced:

Comment on what remains unresolved about any trauma(s) from your past or current life:

**MENTAL HEALTH HISTORY**

Any significant past mental health concerns, including hospitalizations\_\_\_\_? If so, elaborate:

Previous history of self-harm:

Previous history of therapy (provide any information about time period(s) when you have received mental health services, duration of services, credentials/specialty/setting of provider(s), etc.):

If you have received mental health services in the past, please indicate any diagnoses you have received:

Elaborate about positive and negative aspects of any previous experience(s) with mental health services:

Summarize the kinds of medications you have been prescribed in the past for any mental health concerns:

Current mental health concerns:

Current medications/supplements for mental health conditions:

Any significant mental health concerns or diseases with parents or siblings:

Any other information about your mental health history:

## USE OF ALCOHOL OR DRUGS

Current use of alcohol or drugs – i.e., kinds, amounts, & frequency of usage:

Past history of alcohol or drug usage – i.e., kinds, amounts, & frequency of usage

Have you ever been in treatment for abuse or addiction of alcohol or drugs? \_\_\_\_ If so, elaborate:

Does any family member have a current or past history of alcohol or drug abuse or addiction? \_\_\_\_ If so, elaborate:

Any other information about your current or past use of drugs:

## SEXUAL HISTORY

What label(s) do you use to describe the identity of your current sexual orientation?

Comment on whether/how your current sexual orientation reflects any change or fluidity from the past:

Comment on the gender(s) of your sexual partner(s):

Does this reflect any change or fluidity from the past:

Comment about any degree of violence in your past or current sexual history:

Comment about the circumstances of any involvement you have had with being filmed for pornography and/or being involved in sex trafficking:



SEXUAL HISTORY (continued)

Your age at time of your first sexual experience:

Age & sex/gender of the 1st person who was sexual with you:

Was your first sexual experience consensual: \_\_\_\_yes \_\_\_\_no - if no, please comment:

Have you previously received any formal sex education? \_\_\_\_\_. Elaborate on level of education or absence of:

If you are sexually active, do you practice safe/safer sex? \_\_\_\_\_. Please elaborate:

Your level of satisfaction with whatever sexual activities you engage in:

What is your past and current use of pornography?

Elaborate on kind of pornography and frequency of usage:

Additional information you may want to provide about your sexual history:

LEGAL HISTORY

Clarify any significant legal or criminal history past or current:

## RELATIONSHIP HISTORY

Summarize your history of dating or not dating prior to age 18:

Summarize your history of significant relationships since age 18:

Current relationship status:

How long:

Gender(s) and age(s) of current partner(s) (if applicable):

Your level of satisfaction with current significant relationship(s), dating partner(s), or status as single:

Your age at time of first romantic relationship:

Age and gender of first romantic partner:

Elaborate on anything that was significant about your first romantic relationship:

Have you been the victim of violence in any current or past relationships? \_\_\_\_ (Romantic or friendship relationships)  
If yes, clarify:

Have you ever been the instigator of violent behavior in any current or past relationships? \_\_\_\_\_  
If yes, clarify:

Any other significant information about your relationship history:

## CULTURAL FACTORS

What words best describe your cultural/ethnic/racial identity?

Elaborate on ways your cultural/ethnic/racial identity have influenced your past or current life experiences:

Elaborate on your strengths or life problems that you ascribe to influences from your cultural/ethnic heritage:

Have you experienced difficulties/prejudice/oppression due to your cultural/ethnic/racial identity – if yes, elaborate:

## RELIGIOUS/SPIRITUAL INFORMATION

Was religion or spirituality a significant factor of your childhood experience?

Has religion or spirituality been a positive or negative influence in your life?  
Please elaborate:

Clarify your current beliefs or practices about religion or spirituality:

Any comments about unresolved issues about religion or spirituality in your life:

Any other information about your past or current religious/spiritual experiences:

## LEISURE INTERESTS

Do you have hobbies or leisure interests \_\_\_\_? Please elaborate:

What are your aspirations for future hobbies or leisure interests?:

How much time do you spend daily/weekly watching television?  
What are your favorite tv programs:

Do you enjoy music/performing arts?\_\_\_\_\_ If so, what kinds of music/performing arts do you most enjoy?

How much time do you spend daily/weekly listening to music?

Do you have a favorite musical performer/composer or a favorite song?

If you perform music/dance/theater, elaborate:

How much time do you spend daily/weekly accessing internet sites other than for work?

Elaborate any information about what kinds of web sites you visit:

Do enjoy gaming? \_\_\_\_\_ If so, what kind of games and how much time do you spend daily/weekly with gaming activities?

Do you enjoy reading or writing art or other creative endeavors? \_\_\_\_ If so, what kinds of written material/writing/creative endeavors do you most enjoy, or elaborate on your style/purpose for engaging.

How much time do you spend reading or writing or engaging in other creative endeavors?

Do you have pets (current or past) who have been a significant influence in your life?  
If so, elaborate:

**PARENTING INFORMATION (Complete if you have children)**

Age and gender of your children:

Significant milestones or events about the development of your child(ren) that have impacted your life:

Elaborate on your style of parenting:

Elaborate on the degree of satisfaction you have experienced during your time as a parent:

**GOALS FOR THERAPY**

What are your goals for your therapy experience with Robin:

Please elaborate about the quality and effectiveness of your therapeutic relationship with any previous therapists:

Please elaborate about your positive or negative experiences with any previous therapeutic treatment interventions – i.e., any specific approaches that have been helpful, counterproductive, or of neutral value to you:

**OTHER INFORMATION** Any other information you think would be helpful for Robin to know about you to enhance your goals in therapy (use reverse side if necessary):